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THE MOTHER AND THE CHILD

"CHOOSE AS YOU WILL! MY CHOICE IS BEST:
THE LITTLE LIFE ACROSS MY BREAST."

E. V. COOKE
"Chronicles of the Little Tot"

THE MOTHER

AND

THE CHILD

BY

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AUTHOR OF "MEDICAL CHAOS AND CRIME"

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PREFACE

MY professional experience has shown me very plainly that there is great need for a book that will give simple but sufficient guidance to parents in all the duties and perplexities that concern their parenthood; a book to which they can turn when they are in doubt with regard to any ordinary problem affecting their children, in early babyhood or in later life.

I have commenced at the very beginning — with the first signs of pregnancy, and the measures that should be taken to safeguard the well-being of both mother and child. There are some, perhaps, who will think that I should have started still earlier; that the mother's training should commence in her girlhood, long before marriage and maternity. I have touched upon this in my chapter on Eugenics, where the part played by heredity, environment and early training has been indicated. But it seemed well in

the arrangement of the book to start with what will seem to the expectant mother the first great crisis in her life — the assurance of pregnancy and then the stirrings within her of that other little life to come. I have told her what to do for herself and for her baby, and I have passed on, chapter by chapter, to deal with the questions that will inevitably arise, in the order in which they will have to be dealt with in real life. I have told her how to feed her baby; of its nursing, its nurses, and its nursery; of the diseases to which it will be liable, with the most effective treatment that can be given; of the nervous afflictions and minor disorders of childhood; of the simpler operations which may become necessary, such as the removal of adenoids; of the proper training of childhood, as I conceive it; and of such other questions as come naturally within the scope of the subject and the plan of the book.

Throughout, I have tried to emphasize the supreme importance of common sense and simplicity. We live in an age of so much unrest and facile distraction, that it is essential for the mothers of the race, at

least, to get back — not to stagnation, for I believe with all my heart in progress — but to the knowledge and the practice of the ways of nature in those things which most intimately concern nature. And so I have urged that the Ideal should be the Normal — as it is in the true meaning of the words, and as it must be if the true meaning of life is to be understood and translated into health and happiness.

The mere words, "The Mother and the Child," have a beautiful significance to all normal men and women. They are interwoven with the dreams of religion and the idylls of humanity. They have an irresistible appeal for all who wish to lead rational and happy lives and to find in marriage and parenthood the sustaining force and real fulfilment of the years of maturity. It is a blank existence that cannot be lived out step by step with all the associations and intimate companionship of life-comrade and little ones. And so I send out my book to those who have taken or are taking the great venture, that they may learn so far as I can teach them to deal wisely with the big and little problems that will come to them;

to take the right step at the right time; to ensure health, so far as it can be ensured, and avoid unhappiness.

And in conclusion: this is a book for men, as well as for women. For the mother and the child are a man's care, as they are his reward and inspiration.

N. B.

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THE MOTHER AND THE CHILD

The Mother and the Child

I

CARE OF A MOTHER DURING PREGNANCY

IT seems to be the universal opinion among married women that their life and habits during the first few years of married life, and especially during the period of utero-gestation, should be totally different from their life and habits before marriage. This is an erroneous idea — an idea which has been instilled into the mind of the young wife strongly enough, ordinarily, to change entirely her mode of living, and in many cases strongly enough to affect her physical welfare during her pregnancy period.

While pregnancy does change the physical aspect of the system, it does not call for any material change, at least for several months, in the life the expectant mother should lead. Usually, as soon as pregnancy is well established, she begins to " take care of herself " and to fill her mind with all sorts

of superstitions and fancies, which, to say the least, are detrimental both to her physical and mental welfare. False traditions, unskilled nurses and incompetent physicians have combined to bring about a very dangerous and deplorable condition.

The first necessity, here as in all other perplexities, is common sense. Unless there be strong reason, such as, possibly, some disease, the matter of pregnancy itself should be given as little consideration as possible. The most important factor, under all usual conditions, is the mental state of the patient, and every effort should be made to keep her absolutely normal. Obviously, she must avoid worry or excitement. This may seem like a counsel of perfection, difficult to carry into effect. In reality, it is as easy as it is essential. The habit of being normal can be cultivated with much less difficulty and far more satisfaction than the habit of nervousness, or despondency, or foolishness generally. It should be remembered that pregnancy and motherhood are perfectly normal events, arranged for with the utmost care by nature. So long as no abnormal conditions are allowed to interfere

with normal and natural developments, the results may be looked forward to with complete confidence.

Normality, then, is the first requisite. The wife should be for all practical purposes totally unconscious of her condition. No reference whatever should be made to it by her family. Such questions as "How do you feel to-day, dear?" are distinctly disturbing to her, mentally, since they convey a suggestion of the possibility of some obscure change in her physical condition, and immediately an answer to the question may indicate that she feels a little queer here and there. Such an answer would insinuate that there is a physical change, however vague, whereas there is in reality nothing different except a slight mental coloring of conditions.

Early physical changes which take place up to the fourth month should give the normal patient no inconvenience whatever, and most of her previous daily customs should be continued as if no impregnation had occurred. There is no reason why a mental change should take place because of these early physical changes — other than a

change to clearer and firmer normality. The condition of the expectant mother's mind during the early months of gestation plays a very important part in the mental development of the child. A morbid or unnatural state of mind on the part of the patient has a decidedly bad effect on the offspring. Quietness, confidence and mental self-mastery, on the other hand, will inevitably find their effects in the child's disposition. Sunshine and cheerfulness for a few months for the mother will mean sunshine and cheerfulness for many years for the child.

As soon as the certainty of pregnancy has been established, the proper procedure is to consult the family physician and be guided by his sound professional advice. But the patient must not regard herself as an invalid in need of constant care and doctoring. If she allows herself to do this, a condition of neurasthenia will probably supervene, by degrees, so that, before she is aware of it, a changed mentality will prevail to such an extent that happiness and health will be impossible during the pregnancy period.

Assuming that the patient can throw off

all worry and morbid imaginings, which every sensible woman can do easily if she cares to try, the question arises as to just what she should do to keep in normal physical condition.

Naturally, the first important factor is the care of the body. Daily bathing, whether the patient has been accustomed to it or not, must be a part of the regular hygienic routine. For the first six months a daily total immersion in tepid water, followed by brisk rubbing, is advisable. After this period, warm sitz baths should be taken nightly. The parts should receive special care and should be washed each day with warm water and soap. When swimming is part of the regular exercise during early pregnancy, bathing for that day is unnecessary, except as applied to the care of the genitals. The family physician, provided he be up-to-date, will be of great assistance at this time, and it is essential that he should take care of the case, though it is not necessary that he should be seen frequently by the patient.

The one great duty of the physician is to watch his patient. This does not mean

that he should see her personally every little while for the first few months; but he should keep informed of her physical and anatomical condition through a frequent examination of the urine, a specimen of which should be sent to his office at least every month, and toward the latter part of gestation every two weeks. It is by this frequent examination of the urine that the physician is enabled to determine more accurately certain important conditions.

During the first few weeks of pregnancy, many women are troubled by gastric disturbances in the early morning. This "morning nausea" or "sickness" is decidedly unpleasant, but while it is a common symptom of the condition, it is hardly ever serious. The patient should try to realize this fact, and to reason with herself that it is probably only temporary. I have seen many cases where by firm determination the symptom has been controlled and even stopped altogether. If, however, the patient's mental force is not sufficient to help her at this time, a change of surroundings, diet, or slight exercise will invariably be beneficial. It sometimes happens, in spite

of precautions, that the nausea becomes more pronounced and vomiting occurs, increasing to such a degree as to become intolerable. In such cases the family physician should be consulted without delay.

Daily exercise is without question advisable, and the fact that the patient is physically different has no bearing upon the case, at least for several months. There is one form of exercise, however, which should be abolished during pregnancy, and that is automobiling. It is true that the expectant mother requires fresh air and change of surroundings; but she is not obliged to obtain them by means of an automobile. Quite frequently I have seen miscarriages as the direct result of automobiling. The sudden shocks, which it is impossible to control, are distinctly bad for the pregnant uterus, and though many women can withstand such violence, others are apt to miscarry. I have operated upon a number of women whose uterine ligaments were relaxed, in consequence, I am sure, of the various abrupt shocks they had received while automobiling. It should therefore be the duty of the family physician to warn

patients against this alluring recreation. Automobiling must be entirely eliminated after pregnancy is well established.

Tennis, swimming and gymnasium exercises are excellent when not indulged in too violently, and should be continued as long as is compatible with comfort. Simple walking is one of the finest exercises for women in this condition. Croquet can be cordially recommended — a game in which walking is necessary and in which one's attention is — or should be — kept constantly on the alert. Possibly the most perfect exercise — one which embodies every requirement and calls into play every faculty — is golf. An ideal exercise as well as an ideal game, it can be played up to a month or so before confinement. I insist upon my patients playing, regardless of their condition or appearance, for the game is indulged in by people of refinement and culture, who would not be likely to cause embarrassment to the self-conscious patient.

During the last month of gestation daily exercise should be taken just the same, but always near home; and toward the last week

it is advisable that the patient remain around the house or grounds.

Exercise, however, becomes impossible at times on account of some abnormality or sickness. In such cases I advise daily massage — alcohol rubs. Such a course of treatment has a tendency to keep the muscular system firm and toned up, and is beneficial in a general way.

Two or three months before the arrival of the little one, the breasts should have special attention. Many young women have undeveloped nipples which prove a great handicap to the child when nursing commences. Gentle massage of the breasts is advisable, and it should be done daily. The nipples should be pulled gently by the forefinger and thumb; manipulated gradually and rolled between them so that in time an assured development may result, and the child have something on which to hold when being nursed. After thorough manipulation the breasts and nipples should be washed, and the nipples rubbed with alcohol or eau de Cologne, followed by a treatment with a little cocoa butter. Inverted nipples are unfortunate, and every expectant

mother should give attention to the development of this important point, for it is most desirable that she should nurse her own child. Women who patiently and persistently practise gentle massaging of the breasts seldom suffer from what is known as "caked breasts"; they are practically sure of an abundance of milk, which repays them for all the care they bestowed upon themselves.

The question of sexual intercourse is of extreme importance. An "undisturbed maturity" is undoubtedly ideal, but, unfortunately, it is rarer than it should be. Intercourse may be regularly — if carefully — practised; but it should certainly be restricted as much as possible. During the times the monthly periods would have occurred it must be prohibited, since at these times the patient is most likely to miscarry. During the last two months of pregnancy, intercourse should cease altogether; and the passages should be kept scrupulously clean.

Douching is unnecessary, but toward the end of gestation a warm-water douche, about two quarts containing a tablespoonful of boracic acid dissolved in it, is bene-

ficial. Before using the douche, the glass nozzle should be thoroughly boiled to sterilize it, and great care must be used when inserting it.

A few simple rules are advisable with regard to clothing:

1. Clothing should always be comfortable.
2. After the fourth month corsets should not be worn.
3. Avoid all constriction or pressure, especially upon the enlarging breasts.
4. During the last few months a strong linen binder should be worn as an abdominal support. This will be found to be of great comfort.

The appropriate dress ought to conform with the patient's own ideas and taste, guided by the above brief rules.

While I have mentioned exercise as entirely beneficial, it must not be forgotten that rest is equally beneficial and necessary. There is a time for each if one has learnt to live on twenty-four hours a day, as Mr. Arnold Bennett puts it. A good night's rest is always essential, and a mid-day rest

will be indulged in with great comfort during the latter period of pregnancy, when the uterus becomes heavy. Mental and muscular relaxation are invaluable during the middle of the day, so that the tired nervous system may refresh itself.

The daily movement of the bowels is of the utmost importance, and should the expectant mother have trouble with regard to this function her physician must be consulted at once. Constipation during pregnancy is bad, as it is invariably associated with a great amount of straining, which should always be avoided. Unless the bowels are regular, with a satisfactory daily movement, attention should be given not only to exercise but also to food-stuffs, as a more liquid diet, cereals or fruit, may be necessary, and with reference to this the family physician should be consulted. Taking medicine is a bad practice, the various laxatives and cathartics quite frequently doing more harm than good. An excellent rule to follow while in this condition is never to take a dose of medicine unless it is prescribed by a physician. The bowels can and should be regulated by other means.

Before closing this chapter I wish to impress strongly upon the minds of my readers the importance of consulting the family physician at any time when the peculiar symptoms of pregnancy suggest to the patient something unusual. If nothing important is the matter, the physician will relieve her mind and prevent her from worrying over a mere trifle. On the other hand, if anything really requires attention, it is far better to secure that attention at once, and avoid the possible consequences of delay. A physician should be consulted when the patient is troubled by any of the following symptoms:

1. Heartburn.
2. Backache (extreme).
3. Pain in the abdomen (intermittent).
4. Flatulence.
5. Sharp lancinating pain on either side of the abdomen during the first four months.
6. Constant headache or dizziness.
7. Excessive discharge.
8. Bleeding.
9. Pain upon urination.

10. Itching of the genitals.
11. Neuralgia.
12. Hemorrhoids.

Although pregnancy is a perfectly natural physiological condition, we must not lose sight of the fact that there are certain women whose physiological, nervous or anatomical condition is so distorted or changed that the state of pregnancy means to them a state of ill health. It becomes necessary for the physician to exercise the most diligent care in handling such cases, and he should be called upon for counsel whenever occasion arises. The experience of an up-to-date physician is necessarily of great value to a patient, and the advice he is able to give in serious cases should never be regarded slightingly.

"The mother will be well advised, if at any time during her pregnancy she feels unwell or anxious about herself, to seek the advice of the doctor rather than of friends, who, with the best intentions, often do more harm than good at this time." [1]

[1] "Practical Motherhood," by Helen Y. Campbell, L.R.C.P. and S., Edin.

II

THE BIRTH OF THE CHILD

BEFORE going into the essentials of the birth of the child, I think it is advisable to give Doctor Ely's table and Naegele's Rule, showing the possible date when confinement may be expected.

Explanation: The top line gives the dates of the last menstruation. The figures below show the date when confinement may be expected. In leap year the birth may be expected one day earlier.

Naegele's Rule is also simple and is figured out in the following way: There are as a rule 280 days between the last menstrual period and confinement. Count back three months from the first day of the last menstrual period and then add seven days: e. g., if the first of the last menstrual date was April 1, counting back three months would make it January 1, adding seven days would make confinement probably fall on January 8.

TABLE FOR CALCULATING THE PERIOD OF UTERO-GESTATION

January October	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7	November
February November	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5	December
March December	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5	January
April January	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4	February
May February	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 2 3 4 5 6 7	March
June March	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6	April
July April	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7	May
August May	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7	June
September June	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7	July
October July	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7	August
November August	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6	September
December September	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7	October

These rules are fairly accurate and confinement will take place within a day or so as a general rule. A woman having her first baby cannot always count upon the exact day — quite frequently first babies are a little late or early, as the case may be.

During the nine months of pregnancy and prior to the end of utero-gestation there are certain curious phenomena which the mother invariably notices indicative of interesting fœtal development.

First Month: Menstruation almost invariably ceases — although it may not, which, however, is very unusual.

Second Month: The uterus increases in size; gastric disturbances begin; slight changes in the breasts.

Third Month: The uterus increases in size; the breasts become darker around the nipples; depressed umbilicus is the rule; occasionally at the end of the third or the beginning of the fourth month the bladder becomes irritable and urination frequent.

Fourth Month: Stomach or gastric irritability lessens; bladder irritability is generally more pronounced; the uterus grows more rapidly, enlarging abdomen; move-

ments of fœtus are distinguishable. "Quickening" occurs; viz., the fœtal movements are transmitted through the uterus to the abdominal wall.

Fifth Month: The uterus is increased in size and movements of the fœtus are much more active.

Sixth Month: Previous symptoms continue. The physician can generally hear the heart sounds. Enlargement of the uterus to the navel.

Seventh Month: Breasts much darker. "Colostrum" may be squeezed out of nipple. Longitudinal lines like small cracks in the skin appear on the abdomen from the pubes to the navel.

Eighth Month: The abdomen is now quite large and the navel very prominent.

Ninth Month: Breathing is generally impaired, due to the pressure of the greatly distended uterus. Swelling of the vaginal parts is noticed; the bladder condition is very annoying; the rectum protrudes and hemorrhoids are common. Swelling of the legs is noticed and walking becomes difficult and tiresome. "Lightening" occurs; viz., the dropping of the uterus into the pelvic

cavity. This generally happens about a week or so before confinement and greatly relieves the gastric symptoms and labored breathing, which have been annoying for so long a time.

Preparation of the Bed

The bed should not be too high and the springs should be fairly hard. A firm, comfortable, smooth hair or spring mattress, giving firm support, is much better than a feather bed. I prefer an individual, white enamel bed, or brass bed, which should be placed about in the middle of the room, so that it is easily accessible from all sides. Such a bed when soiled can be readily cleansed and changed with more ease.

The permanent dressing is the first consideration: Place over the mattress a rubber sheet, and over this a sterile sheet; both sheets should be firmly pinned to the four corners of the mattress. Place another rubber sheet on top of the permanent bed and then a rather thick pad of some soft material, over which is placed another sterile sheet. This top dressing is entirely tem-

porary, for it is invariably soiled and must be removed after confinement.

The following symptoms of impending confinement are valuable to note: As I have said, about two weeks before labor the uterus falls into the pelvis and the abdomen becomes flatter. The waist line changes and breathing is easier. About the time labor is expected, the patient's general condition is changed. The anxiety of the patient is profound. The general appearance of fear is common and extreme restlessness is noticeable. Patients invariably want to lie or sit down and will only remain in one position for a short period of time. Irritability of temper is common and unavoidable. The entire temperament changes and the patient is likely to be quite critical and cross. Fretfulness is also marked and even little things are disagreeable and annoying and irritate her greatly. The first pain generally appears about this time and is due to uterine muscular contractions. This pain occurs at regular intervals and becomes more frequent and severe. These pains are felt at the lower part of the back as a general thing and extend to the front of the

abdomen and quite often down the thighs. The pains are more aching in character at first, but as they develop become colicky and cramp-like, lasting from ten seconds to one minute or more. During the attacks patients are more nervous and irritable and frequently desire to urinate and defecate. Moving the bowels and emptying the bladder are necessary and should be attended to whenever possible. Between pains patients are extremely anxious, and afterwards invariably relax into a nonchalant state of tiredness.

A bloody mucous discharge from the vagina appears, known as the *show*. The *show* appears generally about the time the first few indefinite pains occur or shortly afterwards. It is due to the stretching of the uterus and the tearing of the fine uterine tissues which bleed very readily.

Labor is now about to commence and the patient should prepare herself for delivery. If the doctor is at hand, it is advisable for her to assist labor all she can by following his advice. If, however, the doctor is not present, the patient should lie down and remain as quietly as possible until medical

assistance arrives, as this will retard her progress as a rule. Patients can assist or retard labor as they please to a certain degree, and when the physician is in the house it is to her advantage to assist her progress all she can in order to shorten confinement.

III

THE NURSE

THE question of a nurse for the child is most important; but it does not need much discussion. There is but one kind of nurse that is at all satisfactory, and that is the graduated trained nurse; and even she, at times, is not precisely perfect.

"If the child is to have a nurse," writes Helen Y. Campbell,[1] "her choice is a very important consideration. Wherever possible, it is an undoubted advantage to have some one who can attend efficiently to the little practical duties of bathing and dressing, washing of napkins, feeding and airing. It is, however, of such supreme importance that the person undertaking these duties should be entirely suitable, thoroughly efficient and trustworthy, that if she cannot fulfil these conditions the mother would be em-

[1] "Practical Motherhood," pages 53 and 54.

phatically the best nurse for the child; and even where she does, the mother's supervision must be close and unwearying."

The so-called " nurse girls " who have had but a few months' training in some baby hospital are, as a matter of fact, worthless as nurses. They invariably lack most of the primary essentials for nurse equipment, and their knowledge of children is so primitive that it seems ludicrous even to call them nurses. But they are so styled, and there are many mothers who allow them to masquerade under the title of nurse and assume all the duties and dignity of a graduate nurse. Yet these girls are rarely more than servants, with a smattering knowledge of the principles of the nursery and nursing, and an inflated idea of their own importance. Physicians of standing and intelligence should not permit their patients to employ such girls; yet the comedy goes on, and generally much to the detriment of the poor infant.

These girls are not merely useless for the ordinary purposes of nursing, and worse than useless in emergencies: they are a positive danger, and that is why I consider it

necessary to issue a strong and unmistakable warning. Their embryonic knowledge, for instance, of the action of castor oil gives a clue to the entire story of incompetence. They have heard physicians order a dose of castor oil for various complaints, and they know that if enough be given the bowels of the infant move — which is sufficient so far as they are concerned. The action of the drug outside its cathartic properties, or the therapeutics of it, is as foreign to them as the topography of Tibet. So it is with almost everything else they practise. Their ideas of asepsis are pitiful, and I have yet to find one who understands even the rudiments of sterilization. Frequently I have observed nurses of this type boil a rubber nipple, take it out of the water with dirty fingers, pull it over the neck of the milk bottle, and immediately put it into their own mouth to see if the milk ran freely and that it was not too hot. (Imagine a nurse with incipient tuberculosis or syphilis carrying on such a procedure!) Incompetent help of this kind should never be employed; they are not nurses, though they constitute a great menace to the nursing profession. I could

give many instances of both dangerous and disgusting results, due to their ignorance and carelessness; but I am sure, after what has already been said, that no patient who reads this book will disregard the warning I have given.

One of the first principles a nurse should learn is never to prescribe for a patient. A nurse is not a physician, and her duties should never infringe on those of the medical man. However, these so-called nurse girls, or "castor oil nurses," do just what they should never do, namely, prescribe. Almost the first rudimentary information they acquire regarding their supposed duties is how to give castor oil or calomel, and to insert a suppository; and immediately upon securing a position they commence their stupid practices upon the children they are paid to care for, invariably at the expense of the health of these little ones.

It is, of course, impossible for many families to afford the services of a trained professional nurse, and to those who cannot I wish to emphasize the fact that it is far better to have no nurse at all, unless it be

possible to engage a trained and cultured one. The mother who is capable of giving birth to a child is usually capable of taking care of it, and should rightly do so in preference to running any risk of incompetence and carelessness. The frail little bit of humanity ought never to be left to the care of any one else, unless it be to that of an able, well-educated woman who not only understands her professional duties, but who has also some refinement and sound judgment.

The employed nurse should have a fair education outside of her professional training. Refinement is an essential quality. She should come well recommended either by her training-school superintendent or by the physician who is instrumental in selecting her for the family. She should be true to her trust, willing to work, kindly and adaptable. A nervous, irritable woman is invariably a bad nurse.

Loyalty to the child and to the family she is working for is an important characteristic of a good nurse. She should also never be overbearing or peremptory in her manner. She must be considerate and reason-

able, so that when affairs do not run smoothly enough to suit her, she may be able to explain quietly and offer to correct the various difficulties.

There is a strong prejudice to-day among the laity regarding the trained nurse, and it will take time to overcome that prejudice. There is more than sufficient excuse for it. Too many trained nurses are, unfortunately, egotistic enough to think that when they have charge of a case, their position confers upon them absolute authority, with the right to ignore the family entirely. They have a regrettable habit of going into homes and immediately making themselves a profound nuisance rather than an aid. Large numbers of professional people, and especially of trained nurses, are unable to grasp the fact that the laity have not received a technical education and should not be stupidly criticised or slighted when asking technical questions regarding the care of the sick or of sickness. The indifference and superior air which some nurses seem to possess with respect to everybody in the household, except, perhaps, the patient, have been, I believe, the main factors in arous-

ing in the minds of the laity this strong feeling of prejudice.

The scope of the nurse's duties is so varied and extensive that every moment of her time will probably be taken up. If, however, she has any spare time, she should carefully expound to the mother the essentials of scientific care of the infant. She should also explain gradually, in an agreeable conversational manner, the general rules of health, hygiene and the care of the sick, avoiding any attitude of superiority or self-importance.

On the other hand, the laity should remember that a trained nurse, like a trained physician, has spent several years in hard work, learning her profession. Her duties are certainly not simple, and the numerous little technicalities which are learned within the four walls of a hospital represent experience of great value. The mother who considers herself better able to direct the care of her baby than a competent, scientifically trained nurse is distinctly mistaken, and a realization of this fact will prove extremely beneficial both to herself and her child.

A happy disposition of content should be established at once between mother and nurse, and from the moment the nurse enters the house it should be her duty to instil a feeling of confidence, relief and pleasure. On the other hand, the family should make the nurse feel at home and comfortable, should show her thoughtful consideration, and try to appreciate that she is a messenger of hope, doing all that she can, according to the laws of science and for the benefit of those for whom she is working. If such an instinctive, agreeable feeling of friendship exist between employee and employer, the result will be immeasurably better than if there exist a feeling of doubt or discontent.

One of my best patients once said to me: "Doctor, I don't like that nurse."

"Why?" I asked.

"Oh, I don't know," was the answer. "I suppose it 's her face."

"What 's the matter with her face?" I continued.

"Oh, nothing, I suppose. But I just don't like it."

This nurse had a sweet, comely face, indicative of character. After the baby came

and the nurse began to show her real ability, I asked whether I should discharge her. The mother's answer was typical.

"No, Doctor; she is so sweet and kind and lovely to the baby. I simply would n't have anybody else."

Briefly, the nurse should be between 27 and 37 years of age, and a graduate with experience sufficient for any duty pertaining to the care of a child in sickness or in health. She should have good teeth and good digestion. Her habits should be exemplary; her attire at all times scrupulously clean. Her person, and especially her hair, should be washed frequently, and her finger-nails manicured. Her work should be her dominating thought when on duty. She should be amiable, amenable to reason and with sound judgment and skill. If such a nurse can be secured, the mother can rest assured that her child will have true care and devotion and that its physical start in life will be attended by every favorable condition for an entirely satisfactory result.

IV

THE NURSERY

IT is essential that the best and most desirable part of the entire house be turned into the nursery. A single room is all that is absolutely necessary, but a suite is far preferable if the family can afford it and the space can be spared.

If only a single room is to be used, the first consideration is the size. A cramped, stuffy bedroom or hallroom should never be utilized for a nursery, nor one that has not plenty of light. Light, warmth and fresh air are most important factors in raising a young child, and a room selected with these cardinal requirements in mind should be all that is desirable.

The room chosen ought to be sufficiently large to contain comfortably a bed for the nurse and a crib for the child. No unnecessary decorations should be allowed; only simple gauze or some washable curtains should hang over the windows; the

floor should be hard polished, with two small washable rugs upon it. Dark shades for all the windows are necessary. The walls should be tinted a pearl gray — I do not approve of the glaring white walls so commonly used in hospitals and baby homes, nor do I approve of wall papers, for they are dirty and unhealthful, and cannot be cleansed as can painted walls. A soft pearl-gray painted wall is the most pleasant, and grows still more agreeable, while a white wall is cold in appearance and becomes more and more disagreeable. Picture mouldings should be taken down. In the first place, they are unnecessary; and in the second place, they are almost invariably put into use, which is contrary to all true ideas of hygiene and definitely invites disease. I have seen nursery walls covered with pictures that had not been dusted for months — showing, of course, that there had been disgraceful neglect on the part of some one. Picture mouldings and pictures, then, should be banished from the nursery.

With regard to the furniture, there are two elementary rules: simplicity and utility. Nothing should be in the room that is not

indispensable. The beds should be of brass or white enamelled metal — wooden beds must not be used. The baby's crib should be fairly large, with two high sides which unfold or let down. These are undoubtedly the most practical kind and should be in universal use.

A white or gray enamelled bureau, with a glass attached, is necessary to contain the child's clothing and sundry toilet articles.

There should be three chairs — one rocker and two straight backs — all cane-bottomed.

A metal, white enamelled table, about twenty-four inches by thirty-six, should be kept in the nursery, and a smaller one in the bathroom; the smaller table should have three glass shelves.

A pair of baby scales should be kept on the bureau, and also a chart board with a chart showing the child's record complete in every detail.

Attached to the main nursery bedroom should be an anteroom, if possible, for extra bedding, baby linen and sundries. The bathroom should be connected or easily accessible. The hygiene of the bathroom is of the utmost importance. Scrupulous

cleanliness is essential. An ideal bathroom should have tiled sides and floor, painted walls, a porcelain tub and a porcelain wash basin. A small folding rubber tub is very convenient for the use of infants. A plain, small, washable rug should be kept on the floor, and there should be a metal or small wooden towel rack.

Each room should be equipped with a temperature thermometer, and the bath-room should have a bath-tub thermometer.

The temperature of the nursery is at all times decidedly important. During the wakeful periods the range of heat should be between 69 and 71 degrees Fahrenheit. The anteroom ought to be kept at an even temperature at all times and should never be allowed to grow cold. Clothing should be kept dry, and if there is a continued change of temperature and atmospheric conditions in the anteroom the clothing is apt to become damp.

The bathroom must be kept quite warm during the process of bathing the infant. Under no circumstances should the windows of the bathroom be open during this time.

Airing the rooms, however, is of course as necessary as heating them. This ventilation should be carried out thrice daily for a period of some minutes, the child meanwhile being covered with an extra wrap, or else taken out temporarily into another warm room.

During sleeping hours the nursery should be closed completely from the anteroom or the rest of the apartment, and the windows should be opened so that the child may sleep in fresh air. Care must be taken, however, that the child is never in a draught while sleeping, and to accomplish this the sides and ends of the bed should be covered with blankets or sheets.

Heating the nursery by means of the open fire is the best method; steam heat and the hot-air furnace are distinctly bad. Gas stoves must not be used under any consideration.

With reference to the nursery, Dr. Kerley, in " Short Talks with Young Mothers " (page 11), makes the following excellent remarks:

" Steam heat as ordinarily used to-day is the least desirable means of heating on

account of its uncertainty. In many New York apartments of the better class the fires are banked at 10 P. M. The temperature when the child retires is from 70 to 80 degrees F. or more; by five or six o'clock in the morning a fall of from 50 to 60 degrees F. has taken place. Such a change in the temperature, with the tendency of children to kick off bedclothes, explains many cases of tonsilitis and bronchitis. The temperature of the nursery should be kept as even as possible. When for any reason this cannot be controlled, it is best to have two means of heating, so that when one fails the other can be used. The open-grate fire or small wood stove is best."

After the child becomes older, and if there are then no babies in the family, the following changes are advisable, as they would certainly do no harm to an older child and the room becomes much more pleasing both to the child and to others. Of course, for an infant which spends three-quarters of its time in the nursery, every precaution must be taken to avoid unnecessary risks. But as the child grows older it becomes less

susceptible to the ailments of babyhood and is more likely to throw off sickness.

Toys of various kinds, then, could be brought into the nursery during play times; also books. The room can be brightened with one or two ornaments, such as a vase on the mantelpiece. A few attractive pictures can now be hung, but upon no consideration should picture moulding be used. The old-fashioned nail is the better method.

Speaking of ornaments and pictures, Mrs. H. C. Craddock, in her able book on "The Training of Children," says:

"Children are unconsciously influenced by their surroundings, and if we want them to love and admire beautiful things we must see that their taste is not spoilt in their more impressionable years by letting their eyes become familiar with things that are ugly or vulgar. Our aim must be to make the nurseries cheerful, orderly and beautiful."

For young babies, however, we do not need any adornment in the nursery; on the contrary, a complete lack of it must be insisted upon. But when children grow older and learn to appreciate stories and reading,

the nursery is a fit place for a few beautiful books. The importance of child literature can scarcely be overestimated. Myriads of books have been written, but there are really only a few which are entirely satisfactory for the child to read and become familiar with. The following are the essential conditions that should be embodied in the literature chosen for the child:

1. Books should be chosen with great care and only those with the charm of well-written English should be permitted in the nursery. From babyhood the child's literature should be in simple, correct and beautiful language, which he will instinctively absorb into his own vocabulary and by means of which he will acquire much in the way of accurate speech and clear, correct thinking.
2. Before a book is read to a child or given to him to read by himself, it should first be read by the parent to determine its fitness.
3. Well-written animal books are suitable.

4. Story books containing ugly ideas or tragedies are distinctly unsuitable.
5. Allegorical stories are much appreciated by some children.
6. Well-written books with a true, simple sense of humor are excellent; but the so-called " comic books " should never be permitted in the nursery. False humor is as bad as false morality; and it is unwise, to say the least, to cultivate a spirit of mere frivolity in a child.
7. Books upon nature studies are admirable.
8. Stories with " morals," with virtue triumphing over wrongdoing, are permissible, and, when selected with care, invaluable. But the moral should develop naturally; there should be no portentous solemnity or heaviness. The child must not feel that he is being simply preached at. He must absorb the principles that build up character as he absorbs fresh air and sunshine, naturally, willingly, without resentment. The books of narrow-minded or preju-

diced authors should be rigidly excluded. The largest minds express themselves with the greatest simplicity. The child, consciously or sub-consciously, is affected more and more deeply as he grows older by the spirit that reveals itself in his books. That spirit should be gracious and simple, the spirit of beauty and knowledge, of harmony and comprehension.

I have spoken at some length on this subject, because I consider it of extreme importance. The child is father to the man more completely than we have yet realized. The self-centred and restricted view-points, the hasty and erratic temperaments, the unstable characters and undeveloped mentality that we see in many men, can be traced in large degree to neglect and imperfect guidance during their childhood days. A little care in the early years means freedom from care as the years pass on. I will add only a few more words: Pictures are essential to a growing child; the visual stimulus is more vivid than the audi-

tory. He should have, therefore, illustrated books; and the same care should be devoted to this feature that is given to the subject-matter and general suitability of the book.

V

THE FEEDING OF THE CHILD

FROM the moment the child is born the question of feeding is of vital importance, and it is the duty of the mother to give her devoted attention to raising her little one without the aid of artificial means. The mother's milk is, beyond all doubt, the best for infants.

Immediately after the birth of the child and for some time subsequently, the mother's breast discharges what is known as "colostrum," or the first milk. This colostrum should be given to the child; it is of great benefit and frequently acts as a mild laxative for the infant. The baby should be put to the breast and nursed as quickly after birth as is convenient for the mother and child, for promptness in this matter is of the utmost importance to both. From this time up to the period of weaning, the mother must give herself over almost completely to her child, and feed it as it should

be fed. No scientist has yet been able to duplicate mother's milk, and it is doubtful whether an efficient substitute will ever be discovered. Nature knows her own ways, and she certainly intended the child to be fed by its mother, providing for the specific purpose an absolutely perfect food.

Every mother should nurse her own child as long as possible. Even if for any extraordinary reason she is able to do this for only a few months, it is a great gain for the child, which thrives better from the beginning, and can more easily overcome disease at a later stage.

There are very few reasons why, in special cases, mothers should not nurse their own children, and I will enumerate them:

1. Absence of sufficient milk.
2. Extreme nervous disease and hysteria.
3. Epilepsy.
4. Heart disease.
5. Infectious and contagious diseases.
6. Imperfect breast or nipple development.

I know of no other reasons which are worth considering, and the mother who en-

deavors to find excuses for leaving the feeding of her child to a nurse is an unworthy mother, and may be responsible for completely ruining the health of her child. Yet I have known in my own experience many mothers whose chief anxiety seemed to be to rid themselves of the care and feeding of their children, and there are far too many faddists and even physicians who are willing to cater to the whims of the hysterical or selfish woman who adopts the idea that she will not or cannot nurse her baby. The results can only be disastrous, and mothers must be brought to realize the truth. Artificial feeding may be used in emergencies. In all normal conditions it must be forbidden, absolutely and universally.

This point is emphasized by Sir John E. Gorst, in his book "The Children of the Nation":

"In rearing infants there is no absolutely satisfactory substitute for mother's milk. The most scientific system of artificial feeding is but a poor, though in some cases an unavoidable, makeshift. Statistics show that in the epidemics of children the per-

centage of deaths among the bottle-fed is far greater than among the breast-fed. It appears from statistics published in 1905 by the Medical Officer of Health in Birmingham that out of 178 infants who died under six months old, 16 were fed at the breast, 28 were partially fed at the breast, and 134 were artificially fed; and the Medical Officer gives it as his general experience that in the diseases of infants the mortality is at least thirty times as great amongst those who are brought up by hand as amongst those who have been reared on their natural food."

Mother's milk contains essential elements — fat, sugar, proteids, salts and water — which are better proportioned than in any artificial food-stuffs. There are cases when it is necessary, for special and unfortunate reasons, to adopt artificial feeding; but only after the fullest consideration and upon the advice of the family physician should a child be allowed to feed upon anything other than the breast.

In her book "Practical Motherhood," Helen Y. Campbell says:

"Breast milk as the baby drinks it is a

living fluid fashioned by the living cells of the mother's breast out of the nourishment brought to them by her own blood. It is absolutely pure and free from germs. It is taken directly into the baby's stomach at the temperature at which it leaves the breast. Its ingredients are not only specially adapted to the needs and the digestive organs of the young human animal, but are designed to educate these gradually to perform their functions as the child becomes increasingly stronger."

As I have stated, the child should be nursed immediately after birth. Sometimes, however, this is impossible, as the milk is delayed for a day or two. In such cases the family physician will advise sterile water to be given to the infant regularly. Within three days nature generally provides an abundance of milk.

Cleaning the nipples and the baby's mouth is absolutely essential before nursing. The breasts, and especially the nipples, should be bathed and then washed off with a saturated solution of boracic acid before every feeding. The child's mouth should also be gently washed with a piece

of fine gauze wrapped around the little finger and dipped into a solution of boracic acid. The gauze-covered finger should be gently inserted into the child's mouth and revolved carefully in the buccal cavity. As the finger is being withdrawn, be sure to wipe slightly around the gums and the inner side of the lips. After a very little experience, this practice will prove quite simple and the child will not object to it; but great gentleness must be used, because at times, especially during the first teething periods, the child's gums are distinctly sore and pressure on them is painful. This cleansing of the child's mouth and the mother's breasts and nipples should never be neglected. It is impossible to overestimate the value of a faithful and untiring observance of the practice.

After nursing, the breasts and nipples should be carefully examined to see that there are no cracks. Quite frequently the nipples become cracked, or a fissure forms; and whenever this happens immediate care must be given to heal them, or nursing will become impossible, for the pain would be unbearable to the mother. A child should

never be permitted to nurse on a cracked nipple, and when such a condition is present a nipple shield should be used. This shield answers every purpose and the child invariably takes kindly to it, though a little patience may sometimes be necessary at first.

The sore nipple should be gently bathed with a solution of boracic acid after each nursing and then dried, after which it should be covered with a thin layer of zinc oxide ointment upon a sterile piece of gauze. Before the next feeding the ointment is gently but thoroughly washed off. Nursing may be resumed after the nipple is completely healed and able to withstand rough pulling.

Should the breast at this time become generally troublesome — painful, hard or too full — massage, very gently performed, should be begun at once, warm olive oil being used. This, combined with the relief given by the English breast pump, will suffice. But it is always advisable to consult a physician when the breasts become painful, as abscesses may sometimes form, which yield readily to proper treatment, but are aggravated by delay.

The child should be fed every two hours during the day, and only twice during the night. Authorities differ with regard to the time that should be consumed in feeding. About fifteen to twenty minutes is the most satisfactory average.

Some children develop the habit of sleeping on the breast, which delays feeding for too long a period. This is a bad practice and should be stopped by withdrawing the nipple and not allowing food to be taken for a short period. The child will then get over the habit promptly. The mother should take particular pains to alternate the breast, making this an invariable rule, provided that both nipples are perfect and able to be used.

The natural feeding, as I have so clearly insisted, is breast-feeding. Artificial feeding is unnatural, and at the best a makeshift, though circumstances may arise which render it inevitable, so that it becomes the duty of the parent and the physician to ensure that it is the best makeshift obtainable. The whole subject of artificial feeding is intricate and difficult. When a child cannot be brought up properly upon the

breast, a specialist should invariably be consulted, for the selection of the right substitute cannot be left to the mother. I will mention a few of the various substitutes and food-stuffs in more or less general use:

1. Wet Nurse: Upon no consideration should any one but a "child's specialist" or an able practitioner be allowed to select one.
2. Cow's Milk: Source of supply and strength extremely important. Cheap milk, of course, is not reliable and should not be used without investigation.
3. Sterilization and Pasteurization: Requires careful study.
4. Condensed Milk: This should never be given to a baby if cow's milk can be procured.
5. Peptonized Milk: A predigested milk — an important study.
6. Proprietary Food: Such as Imperial Granum, Malted Milk, Eskay's Food. They are used to a great extent, but the advice of a physician is essential.

The subject of infant feeding is at the best not easy. Each individual child is a law unto itself, and it is a difficult task to attempt to lay down a set of rules and put literature into the hands of those who are untrained and unscientific, however intelligent and conscientious. They cannot expect to follow a particular rule undeviatingly and be sure of success. There must frequently be modifications and adaptations. For this reason I regret that so many physicians have written largely upon the topic for the special use of the laity. A little knowledge, as we know, is a dangerous thing; imperfectly assimilated information may readily lead to disaster. But I must single out at least two books for special commendation: Holt's "Care and Feeding of Children," and Kerley's "Short Talks with Young Mothers." These are extremely well written and have done a great deal for the American mother and baby. Nevertheless, they have probably done more good in an indirect way, for the general practising physician has taken them up, using them as text-books and making intelligent and scientific use of the princi-

ples and methods discussed. The thoroughly educated American mother may read these books with interest and profit, but the woman with mediocre intelligence cannot, and she must rely implicitly upon the advice of her physician.

The feeding of older children may consist in general of the foods usually taken by sensible adults. Condiments and highly seasoned food-stuffs must be avoided, of course, while ample variety is essential. Emphasis should be placed upon mastication; the proper chewing of food is absolutely necessary. But the practice need not be carried to an absurd extreme, such as the exaggerated chewing of milk soups and fine cereals. A little study of the physiological action of the stomach and intestinal juices will show that digestion and assimilation do not depend entirely upon mastication or the teeth, highly important as these are.

I will add here a few tables and rules that will be found very helpful, and in some cases invaluable.

Milk Don'ts

[*Issued originally by the Kansas City Health Board Bulletin*]

Don't buy milk unless you are sure that it is clean.

Don't expose milk or its container to the sun for an indefinite time.

Don't put milk in a vessel that has not previously been scalded.

Don't cool milk in vessels that are used for other purposes.

Don't keep milk in the same compartment of the refrigerator with other eatables. It should be borne in mind that milk absorbs odors as well as germs.

Don't leave milk bottles uncovered.

Don't let the milk bottles stand unwashed after use. Wash them at once.

Don't fail to rinse the bottle in cold water before scalding.

Don't use any but fresh milk for the baby.

Don't give the baby a milk mixture prescribed by a neighbor.

Don't keep the milk warm all the time. Germs grow.

Don't use a thermos bottle to keep baby's milk warm.

Don't blow the milk to cool it.

Don't heat the milk a second time before feeding it to the baby.

Don't moisten the nipple with your own saliva before putting it into the baby's mouth.

Don't rescue dying flies from the milk and then use the milk. If you are a good housekeeper no flies will get into the milk.

Don't drink milk rapidly. It is food and drink, and cannot be digested quickly.

Don't accuse the milk dealer of serving sour milk until you have investigated your own handling of it.

Don't forget that ice is the best preservative for milk — see that it is about the milk bottle or container instead of being used for ice water or eaten by the children.

Nursing Intervals

[*Compiled by Dr. H. Edwin Lewis, Editor-in-Chief of "American Medicine"*]

Age	Interval	No. of feedings in 24 hours	No. of night feedings
From birth to 4 weeks,	2 hours	10	2
From 4 to 6 weeks,	2 "	9	1 to 2
From 6 to 8 weeks,	2½ "	8	1
From 2 to 4 months,	3 "	6	0
From 4 to 10 months,	3 "	6	0
From 10 to 12 months,	3 "	5	0

Scheme for Feeding Babies

[*Diet of the Society of the Lying-in Hospital, New York City*]

First Day — Give from nursing bottles 30 c. c. (1 ounce) of 6 per cent sugar water every 3 hours, from 6.45 P. M. to 9.45 P. M., inclusive, and if necessary one bottle at 3.45 A. M.

Second Day — 30 to 45 c. c. (1 ounce to 1½ ounces) of Formula No. I in nursing bottle, every 2 hours from 6.45 A. M. to 10.45 P. M., and 3.45 A. M. — ten feedings.

Third Day — Same as second day.

Fourth Day — If there is milk in mother's breast, nurse every 2 hours as on second day. If there is no milk in mother's breast, 30 to 45 c. c. (1 ounce to 1½ ounces) of Formula No. II every 2 hours, as on second day.

Fifth and Sixth Day — For breast-fed babies ten feedings, as on second day. For bottle-fed babies, same as fourth day.

Seventh to Fourteenth Days — For breast-fed babies, ten feedings. For bottle-fed babies, 30 to 75 c. c. (1 ounce to 2½ ounces) of Formula No. III for ten feedings.

Formulæ

Sugar Solution 6 per cent:

Take 30 grams (1 ounce) sugar of milk and dissolve in 500 c. c. (1 pint) boiled water.

FORMULA NO. I

Fat, 0.5 per cent; sugar, 6 per cent; proteid, 0.5 per cent:

Take 6 per cent sugar solution, 7 parts.
Plain milk 1 part, 60 c. c. (2 ounces) lime water for every 500 c. c. (1 pint) of food mixture.

FORMULA NO. II

Fat, 1 per cent; sugar, 6 per cent; proteid, 0.5 per cent:

Take 6 per cent sugar solution, 7 parts; 12 per cent cream ½ part; milk ½ part.
60 c. c. (2 ounces) lime water for every 500 c. c. (1 pint) of food mixture.

FORMULA NO. III

Fat, 1.5 per cent; sugar, 6 per cent; proteid, 0.5 per cent:

Take 6 per cent sugar solution, 7 parts; 12 per cent cream 1 part. 60 c. c. (2 ounces) lime water for every 500 c. c. (1 pint) of food mixture.

FORMULA NO. IV

Fat, 2 per cent; sugar, 6 per cent; proteid, 0.6 per cent:

Take 6 per cent sugar solution, 5 parts; 12 per cent cream 1 part.

60 c. c. (2 ounces) lime water for every 500 c. c. (1 pint) of food mixture.

FORMULA NO. V

Fat, 2.5 per cent; sugar, 6 per cent; proteid, 0.8 per cent:

Take 6 per cent sugar solution, 4 parts; 12 per cent cream 1 part.

60 c. c. (2 ounces) lime water for every 500 c. c. (1 pint) of food mixture.

NOTES

1. For every 500 c. c. (1 pint) of food mixture add 60 c. c. (2 ounces) of lime water.
2. 12 per cent cream is the top fifth of a bottle of milk after standing about 5 hours.
3. It is the top 200 c. c. (7 ounces) of 1,000 c. c. (1 quart) of milk after standing about 5 hours.
4. If the milk is of rich quality the top 240 c. c. (8 ounces) can be taken.
5. Up to two weeks the amount of each feeding is 30 c. c. (1 ounce) to 75 c. c. (2½ ounces), according to weight, digestion and capacity.

From two to five weeks the amount of each feeding is 60 c. c. (2 ounces) to 100 c. c. (3½ ounces).

Number of daily feedings, 10. From 6.45 A. M. to 10.45 P. M. From 10.45 P. M. to 6.45 A. M., one feeding should suffice.

Feeding Older Children

[*From Dr. H. Edwin Lewis's "Diet for the Sick"*]

A good working formula for a child 18 to 30 months old is:

7 A. M. New milk 8 oz., yolk of a soft-boiled egg, two thin slices of bread and butter or else milk and two tablepoonfuls of well-cooked oatmeal or wheaten grits with sugar and cream.

10 A. M. Milk 6 oz., soda biscuit or bread and butter.

2 P. M. One tablespoonful of rare mutton pounded to a paste or scraped beef, bread and butter, mashed potatoes moistened with meat juice (dish gravy), a saucer of junket or else a breakfast cupful of beef, mutton or chicken broth, a thin slice of stale bread, a saucer of rice or milk pudding.

6.30 P. M. A breakfast cupful of milk with bread and butter or soft milk toast.

This being merely a type of diet, it should be modified in accordance with the growth of a child, or the activity of its digestive function.

From the third to the sixth year one may allow:

Fresh milk, cream, eggs in any form excepting fried.

Meats: Preferably beefsteak, mutton chop, underdone roast beef or lamb, white meat of chicken, fresh fish boiled or broiled, broths, soups.

Vegetables: Baked potato with cream, beef juice or dish gravy of roast meats. Green vegetables: Asparagus tips, spinach, stewed celery, string beans, fresh peas. Cereals: Oatmeal, wheaten grits, hominy, rice, farina, arrowroot, bread and crackers.

Desserts: Junket, plain custard, plain rice pudding, ice cream occasionally.

Fruits: Oranges, baked apple, stewed prunes.

The following are forbidden to young children:

Ham, sausage, pork of all description, salt fish, canned and dried beef, goose, duck, game, kidney, liver and bacon, meat stews, dressing from roast meats, fried vegetables, cabbage, carrots, potatoes (except boiled or roasted), raw or fried onions, raw celery, radishes, lettuce, cucumbers, tomatoes (raw or cooked), beets, eggplant, and green corn. All hot breads and rolls, griddle cakes, sweet cakes, especially when fruited or frosted. All nuts, candies, pastry, salads, jellies, syrup and preserves, tea, coffee, cocoa, wine, beer, cider, all dried, canned or preserved fruits, bananas.

Comparative Table

[*Compiled by Professor W. O. Atwater*]

A child under 2 requires 0.3 the food of a man doing moderate work.
A child of 3 to 5 requires 0.4 the food of a man doing moderate work.
A child of 6 to 9 requires 0.5 the food of a man doing moderate work.
A child of 10 to 13 requires 0.6 the food of a man doing moderate work.
A girl of 14 to 16 requires 0.7 the food of a man doing moderate work.
A boy of 14 to 16 requires 0.8 the food of a man doing moderate work.

Professor W. Gilman Thompson has laid down a few simple general rules, in his book "Practical Dietetics":

1. In acute illness reduce and dilute the food at once.
2. Allow time for meals.
3. See that the food is thoroughly masticated.
4. Do not allow nibbling between meals.
5. Do not tempt the child with the sight of rich and indigestible food.

In conclusion, do not force the child to eat against its will, but examine its mouth,

which may be sore from erupting teeth; and examine the food, which may not be properly cooked or flavored. If good food is refused from peevishness merely, remove it and do not offer it again before the next mealtime. Forced feeding of children is entirely unnecessary and should never be practised, unless under medical orders.

Do not allow older children to "stuff," and see that ordinary meals are taken at regular hours under proper supervision.

VI

FEEDING IN DISEASE

A FRENCH savant, in an earlier period, proclaimed that starvation and depletion were the two most essential dietary requirements during acute febrile illness. The French theory was adhered to religiously by the medical profession for some time, until an English physician named Graves questioned the theory of the French scientist and after a series of tests and experiments came to the conclusion that to starve and deplete was absolutely wrong. Modern research has confirmed this view. We no longer practise the "starvation" treatment in fevers, for we have learned that it does not have any beneficial effect, as was formerly erroneously believed. On the other hand, though we no longer starve, neither do we "stuff"; for there is a happy medium with respect to feeding during sickness, though each case

calls for individual study and requires individual treatment.

Different diseases demand different diet and careful consideration. It would be folly, for instance, to treat scurvy with anything but a fruit or vegetable diet, as such food would be necessary not merely as a dietary consideration, but also from a curative standpoint. Again, no modern physician would attempt to treat scrofula or tuberculosis without fats and oils as adjuncts to medicinal procedure.

In prescribing foods we should follow a simple rule — the rule of common sense. The object should be to maintain bodily strength and keep up nutrition while taxing the digestive organs as little as possible, so that assimilation is properly secured. Expensive or rare foods are not necessary. Health may be restored without extravagant demands upon the family exchequer.

There is still, however, a tendency to feed too much; and though public opinion is becoming better informed, the physician frequently has to combat the anxiety and continued pressure of the family with regard to increasing the diet for a sick child.

It seems to be a general opinion that if a well-nourished child with a high fever does not eat for twenty-four to forty-eight hours there is serious danger, and that the child will become much worse unless prompt measures are taken. This, under usual conditions, is a fallacy. Discretion in diet during sickness is essential, and children should not have more food than is absolutely necessary. Nature is sufficiently clever at her own business, and as a rule where there is no appetite there is no necessity for forced nourishment. Professor Gilman Thompson [1] puts this very clearly:

"If the appetite holds out, it may do no harm to allow some little variety in the diet, but if the fever is high and the appetite fails, it is unnecessary to force the patient to take food.

"As a rule, in fevers which are protracted or severe, nourishment should be given in fluid form. To offer solid food is practically to place in the alimentary canal foreign bodies which merely ferment and putrefy, causing discomfort with flatus, fetor and diarrhœa."

[1] "Practical Dietetics," page 423.

In all cases of acute illness the quality and quantity of the food must be reduced. Nourishment is necessary, but care in nourishment is vital.

The strength of the patient must be reasonably maintained, but the mere loss of a little weight or the fact that feeding has been withheld temporarily should cause no alarm, for in the majority of acute febrile diseases the body loses some weight on account of the increase of urea and the excretion of carbonic acid and water in greater volume than when in health. This slight temporary loss of weight is normal and need not be in any way disquieting.

The preparation of the food for the patient is of great importance. The administration of unsuitable food during illness is infinitely worse than no food at all. Fortunately, the patient himself will invariably rebel at taking unsuitable food. The fact, therefore, that food is rejected is not always due to the wilfulness or the physical condition of the patient. The fault may be found in the kitchen. Defective cooking and irregularly served meals are not conducive to an appetite at any time; much

less when the patient is ill and requires special consideration.[1]

With regard to the quality and quantity of the food, it is scarcely necessary to say that purity and wholesomeness are the first requirements. The quantity must be regulated by the physician and the necessities of the patient. A voracious appetite is abnormal and should not be satisfied. Only a certain moderate amount should be given, and always in small portions.

The time for feeding depends upon the class of case that is being treated. Patients who are totally helpless must be fed regularly and with the utmost care. But do not disturb a patient who is sleeping, unless the physician has given definite instructions.

During convalescence, when attention should be directed to building up and in-

[1] "Punctuality in serving meals should be carefully observed, for an appetite ready at the accustomed hour may fail if the meal is delayed. There is much unconscious habit in relation to eating. The time for cooking meals should be carefully considered with regard to the time for serving it." — "Practical Dietetics, with Reference to Diet in Disease," by Alida Frances Pattee.

creasing the bodily weight, care must be exercised not to overload the stomach. Food in too large a quantity or of undesirable richness will probably upset the digestive system to such an extent that the condition of the patient will become worse and a relapse will follow.

Liquid food is unquestionably the most suitable. As all food is eventually changed into liquid form by the digestive process before the essential elements are taken up by the blood, it is obviously desirable to save the system as much work as possible and administer the food in the form that it will ultimately have to assume.

The liquids of most value are water and milk. Both can be used with decidedly beneficial results. Water is especially essential in cases of fever, while milk, given in the right proportions, is equally indispensable for children. Beef tea, barley water, rice water and lemonade are also very valuable. Lemonade, in particular, works admirably in acute diseases with high fever. Its diuretic and thirst-quenching properties are greatly appreciated both by patient and physician. Koumiss and butter-

milk may be used in suitable cases. Clear soups are refreshing, nutritious and slightly stimulating. Semi-liquids are also suitable, such as purées; these may be given alone or with well-cooked arrowroot, rice or flour. Semi-solids may be introduced gradually when the fever diminishes and the patient's stomach can tolerate them. At this stage the building up process can be accomplished more effectively by the use of semi-solids, if well chosen, in preference to liquids: soft eggs, meat jellies, well-cooked oatmeal, milk or cream toast, tapioca or rice pudding, gelatin added to other foods, chicken or calf's foot jelly.

There is still some dispute with regard to the merits or demerits of alcohol. It is often asserted that it serves as a food and that after its absorption it helps to prevent tissue waste. We are also told that it has strong fever-reducing properties. In Germany and France, particularly, beer and wines are used during fever, but the results do not warrant any but the most moderate use of alcohol in such forms in disease. Further, it is always wiser, and sometimes absolutely necessary, to keep alcohol in reserve as a

stimulant in emergencies — a function which would be enfeebled, perhaps hopelessly, by previous habitual use.[1]

But, except in such casese of absolute emergency, the depression that follows the administering of alcohol outweighs the advantages of the temporary stimulation which it produces. I have been connected both with hospitals which uesd alcohol in the form of whiskey for treating disease, and with hospitals which used no whiskey under any circumstances; and from my own experience I certainly cannot see that the whiskey-giving doctor gets, to say the least, any better results or cures his patients any more quickly than the doctor who discards whiskey altogether. Alcohol is a poisonous medicine and should be administered with extreme caution as a medicine only. While it unquestionably has antipyretic qualities,

[1] "If alcohol is not required for its stimulating effect upon the circulatory or the nervous system, it is better to withhold it, for in continued fevers emergencies may at any time arise in which it is imperatively demanded to strengthen the failing powers or aid in controlling the exhaustion of delirium." — Professor W. Gilman Thompson in "Practical Dietetics," page 428.

I doubt extremely if it has any nourishing or tissue-building qualities; and I prefer distinctly to give my patients the full benefit of that doubt.

Forced feeding is at times necessary in cases of disease, especially when we are dealing with throat troubles where there is great difficulty in swallowing, or with stomach irritability, or with patients who persistently refuse food when nourishment is essential. The usual methods of administering food in such cases are through a stomach tube or through the nose, and a physician or trained nurse is needed to carry out such a procedure. Rectal feeding is seldom used except in hospitals. It should only be resorted to when the stomach is absolutely unable to retain food, and must never be attempted except by a trained nurse or a physician.

Simplicity, patience and common sense are the three chief requirements in feeding the sick. I have already indicated the general principles and methods, but it is impossible to lay down specific rules to be followed in all individual cases. Every case requires its special treatment; but if the

simplicity, patience and common sense that I insist upon are employed throughout, half, at least, of the work of the physician will be done for him, and more than half of the patient's suffering will be prevented.

VII

THE IMPORTANT INFECTIOUS AND CONTAGIOUS DISEASES OF CHILDHOOD

A PHYSICIAN should always be consulted in cases of serious sickness. It must not be forgotten that there is a science of health, as there is a science of biology or chemistry, of architecture or aviation, or even of humble but useful plumbing. And though most people have contrived, without being specialists, to pick up some of the rudiments of several of these sciences, they leave the building of houses and the repairing of broken pipes to the men who have been trained in the science that governs their vocations and have learned by experience to apply that training most effectively in their daily work. Yet many of those who would not attempt to repair a cracked chimney or fix a defective stove will nevertheless try quite confidently to practise medicine. It is an amusing but

dangerous form of egotism. It is better to practise common sense and avail ourselves of the skill of those who have spent many years of their lives in learning what to do, and how and when to do it.

Emergency and first-aid care, however, should be universally taught. People ought to know what to do while they are waiting for the physician. The first principles of ordinary sickness can be grasped with reasonable intelligence and care; but the technicalities and complexities must be left to the physician. I am emphasizing this point strongly because my experience has shown me far too many regrettable cases of false confidence on the part of the laity, leading to grave disaster. Human life is too valuable to be trifled with. I am not writing this book, therefore, to try to transform every mother into an expert doctor. Experts in medicine, as experts in engineering, are not manufactured by a single textbook. I am trying to give the mother a clearer knowledge of the principles that it is essential for her to know, so that she may understand the nature and difficulty of the physician's work, and, without the false con-

fidence or false fear of ignorance, be able to play her part satisfactorily in emergencies.

While some of the simpler diseases are capable of cure through intelligent home treatment, most of the contagious diseases require the constant attention of a physician. But, from every point of view, it is desirable for parents to have sufficient elementary knowledge to recognize the primary symptoms of illness and realize at once whether it is a serious case or a more simple disorder that need occasion little worry.

Many diseases of childhood are due directly to disordered digestion. So much stress has been placed by parents on the regular gaining of weight by their children, that they are apt to overestimate the seriousness of any failure to reach the prescribed standard. In many cases the quantity of the food is unnecessarily increased, or an attempt is made to improve the quality by adding cream or eggs, or by feeding between the regular periods. This is a mistake. Any undue loss of weight in children suggests either improper feeding or the beginning of sickness. If the food is not

being properly assimilated, it is absurd to give more or richer food in order to correct a condition brought about by improper feeding.

If the child does not gain reasonably in weight, or loses its appetite, or has a little nausea, withdraw *all* food for a day, administer a large dose of castor oil, and then, unless there is an immediate improvement, send for your physician.

Apart from stomach troubles, the diseases of childhood which are most common, and which seem to be almost unpreventable during certain ages, are the following — arranged, for convenience of reference, in alphabetical order:

BRONCHITIS AND PNEUMONIA
CHICKEN POX
CROUP
DIPHTHERIA
INFLUENZA (GRIPPE)
MEASLES
MENINGITIS
MUMPS
PNEUMONIA (see BRONCHITIS)
SCARLET FEVER (SCARLATINA)

TONSILITIS
WHOOPING-COUGH

I will deal briefly with each, describing the symptoms, the general course of the disease and the proper treatment.

Bronchitis and Pneumonia

These diseases should be considered together in a book of this kind. When they occur in young children they resemble each other and are occasionally associated. They are diseases which should be treated only by physicians, and the family must follow the physician's directions implicitly.

Bronchitis is an inflammation of the bronchial tubes, associated with cough, expectoration and fever. There are several varieties.

Pneumonia is an acute disease of the lungs caused by specific bacteria.

Symptoms of Bronchitis: Slight fever; cough, at first dry and afterwards becoming quite loose, with profuse expectoration; chilliness, malaise, feeling of tightness round the chest.

Symptoms of Pneumonia: This disease invariably begins with a pronounced chill,

followed by high fever reaching 104–105 degrees F., with sharp pain in the side and flushed face. The patient may be delirious. Respiration and pulse are rapid. The cough is irritating, at first dry and afterwards with streaks of blood. The tongue is badly coated; breath bad; urine diminished in quantity and frequently containing albumin.

Treatment: Summon a physician immediately and leave the entire care of the child in his hands. A trained nurse is a valuable adjunct, as both diseases need a great deal of care and nursing. Avoid all unnecessary exposure and see that the child is properly clothed. Remember that no case of bronchitis or pneumonia is ever too bad for recovery, while, on the other hand, no case is so slight as not to require the most careful watching.

Patent medicines advertised as cures for coughs, colds, pneumonia and bronchitis should never be used. They invariably contain opiates, and the best that can be hoped from them is that they will not do much harm.

Pneumonia jackets and poultices, turpentine stupes, camphorated oil dressings,

mustard plasters and similar methods of treatment can be used most effectively only under the supervision of a trained nurse and under the direction of a physician.

The outdoor treatment of these diseases is often very beneficial, but it is absolutely essential that it should be prescribed and controlled by a physician.

Chicken Pox

Chicken Pox, also called "Varicella," is a mild, contagious disease accompanied by a rash or eruption on any part of the body. This eruption disappears within three or four days by drying up.

The period of incubation is up to 20 days. The exciting cause of the disease is unknown. It is in no way associated with or related to Small Pox.

Symptoms: Slight fever, and occasionally gastric disturbances, particularly in young children.

The eruption appears on several parts of the body as round red spots the size of a small bean or pea, filled with a light fluid or serum. This blister-like eruption lasts

about two or four days, when the fluid in the vesicles becomes slightly turbid and then dries up, leaving a dark-brownish crust. In a short time this crust falls off, leaving a slight scar, which is often present for several weeks. Itching is sometimes quite pronounced.

Treatment: The child should be isolated until the skin is clear — a period of about four weeks.

The child should not be allowed to scratch itself. To prevent this, either tie the hands or place mittens upon them.

Keep the bowels well open and place the child on a restricted diet.

Allay the itching by swabbing with a weak solution of alcohol and water — one ounce of alcohol to a half-pint of cold water. Afterwards apply some simple ointment, such as zinc oxide or pure vaseline.

Quarantine is advisable until the child is perfectly well.

Croup

[Varieties: Simple Croup — Catarrhal Croup — Spasmodic Croup — Pseudo-Croup — Laryngitis Stridula]

This is one of the diseases of childhood in which we have alarming symptoms, but very seldom fatal results.

There are various degrees of the disease. It usually comes on about midnight, when the child is awakened suddenly. If the attack is mild, the breathing is simply noisy while the breath is being drawn. When the attack is more severe, the patient is awakened with a hollow "croupy cough," the voice being quite hoarse. Perspiration covers the face and the patient gasps for breath. Such an attack may recur for several nights, while during the daytime the child is apparently well. The symptoms at times become more pronounced. For several days previous to the attack the child may develop "snuffles," or have a cold in the head, associated with mild fever. These symptoms, however, are the exception rather than the rule, for the majority of children

become sick during the night without any apparent previous warning. Occasionally the patient will complain of slight sore throat; sometimes a little pain is noticed over the larynx; there is a changed general condition; the child loses its appetite.

Treatment: Medication should not be given by the mother unless the disease is severe and the symptoms urgent. The family physician should be sent for without delay, especially if the child has difficulty in breathing. In the meantime, should the family be obliged to treat the case temporarily, 15 to 20 drops of Syrup of Ipecac should be administered every 15 minutes until the child vomits freely. The patient should be placed in a warm room and have hot poultices, or cloths wrung out of hot water, placed round the throat and over the chest. In the modern apartment houses, where hot water is always available, I have found it very convenient to take the patient into the bathroom and turn the hot water into the tub. The steam which fills the room, if the water is hot enough, is very soothing to the patient.

Perhaps the most universally used appa-

ratus for croup is the so-called "croup kettle." The Holt Croup Kettle is one of the best, but any will answer the purpose. The ordinary tea-kettle, if kept boiling under a sheet made into a tent over the crib, will also be found satisfactory. It is beneficial to put into the boiling water a few teaspoonfuls of compound tincture of benzoin. The inhalation of steam impregnated with benzoin is decidedly soothing and frequently gives much relief. Hot drinks should be administered, and also a laxative. The child should be kept indoors for several days after the acute attack has subsided.

This disease very rarely becomes chronic, though it will sometimes linger, in a more or less mild form, for a period which taxes the patience both of mother and child.

Diphtheria

[Membranous Croup]

This is a more dangerous disease, and it is utterly impossible for the mother to determine whether the child has the simple mild croup or the more severe diphtheric form. The same temporary treatment is effica-

cious, but the services of a physician are indispensable.

Isolation is of supreme importance.

Diphtheria is an acute, highly contagious disease caused by what is known as the Klebs-Lofler bacillus, and characterized by sore throat and enlarged glands.

The period of incubation varies from 3 to 12 days.

Symptoms: The patient usually complains of a sore throat. Occasionally this is preceded by a chill. General malaise and fever running from 101–103 are present. As soon as the poisonous toxins of the disease begin to be absorbed, as it were, into the general circulation, the patient has a rapid pulse, which is sometimes quite feeble. The bowels become constipated, headache is severe and prostration extreme. The urine frequently contains albumin and the patient passes very little. Difficulty in swallowing is experienced, as the throat is swollen and the glands of the throat are enlarged. A dark, grayish-white membrane appears on the back and sides of the throat and tonsils.

One characteristic symptom of diphtheria

is the membrane which, when rubbed off the throat, leaves a bleeding surface. This membrane is found also in the nasal cavities.

It is sometimes difficult at first to differentiate diphtheria from scarlet fever or tonsilitis. A bacteriological examination of throat exudate is invariably made by up-to-date physicians. This, of course, determines the diagnosis beyond doubt.

Since antitoxin became the specific for diphtheria, the mortality from the disease has been reduced to a minimum.

Treatment: This consists in injecting antitoxin. A physician should be summoned immediately, a bacteriological examination made, and antitoxin given as soon as possible.

No other treatment for this disease is worth consideration.

Influenza

[La Grippe]

This is an acute, contagious disease characterized by cold in the head, with coughing and extreme prostration.

The immediate cause is a germ known as the bacillus of Pfeiffer.

The disease is extremely prevalent among children during winter. It is ushered in rather rapidly with chilliness, pain in the head and back, and temperature running up to 103 or higher. Prostration is very pronounced. Catarrhal symptoms, such as sneezing, running at the nose, watery eyes, are generally severe. Sore throat and a dry bronchial cough are invariably present — the cough is especially irritating. Intestinal symptoms are at times distinctly disagreeable, the patient suffering from severe diarrhœa which will be characterized by numerous green watery stools. Blood and mucus are not infrequently present. Nervous manifestations such as hysteria, depressed spirits, peevishness, general debility with fretfulness, are common symptoms.

There are frequent complications, such as pneumonia, pleurisy, bronchitis and middle-ear disease or " otitis." As influenza leaves the patient in a weakened and depressed condition, these complications are dangerous and require the most careful watching.

Treatment: This consists of absolute

rest in bed, and a liquid diet. The symptoms are treated as they arise — no specific general treatment is known. Much can be accomplished by efficient nursing. Hot water bags to the head and spine, quinine and phenacetin with salol, seem to be useful remedies. Stimulants are occasionally required. A physician should be in constant attendance, as the disease usually runs a protracted course, especially when complications set in.

Measles

Measles is a highly contagious disease developing rather gradually. Its incubation period is about two weeks. The contagion is unquestionably associated with nasal secretions. No germ has yet been isolated.

Symptoms: The child should have a feeling of lassitude for some days — also chilly sensations. Cold in the head is at times pronounced. A slight cough and watering of the eyes — the eye symptoms of measles are generally characteristic. Children will object to look into a bright light, because of the consequent eye irritation. This condi-

tion is known as photophobia. For a few days the child may sneeze. The fever comes on quite rapidly and the temperature remains from 101½ to 103½ F. for about two days, after which there is a slight remission. About this time the eruption appears and the fever increases to its original high point, or even much higher. When the rash is completely developed, the fever reaches its maximum, which is usually between 103 and 105 F. The temperature generally remains quite high for two or three days, and then, unless complications set in, drops sharply to about normal.

During the height of the disease the symptoms previously mentioned increase in severity. The inside of the eyelids becomes more inflamed. Occasionally the patient will have vomiting and diarrhœa.

The eruption of measles appears about the third or fourth day of the sickness, upon the face and the chest, spreading quickly over the whole body. The rash is a small red papula, which forms in groups resembling flea bites. These groups quickly coalesce until the body is covered with one red mass. In a few days the eruption fades

and becomes quite pale, while a fine branny peeling of the skin begins.

" Koplich's Sign " of measles occurs in about 90 per cent of cases. There appear on the mucous membrane of the mouth numerous small, bluish-white spots, which are surrounded by a reddish area. These little specks occur about one or two days before the skin eruption and last from three to four days. When the spots are recognized it becomes easy to make a correct diagnosis.

Treatment: Isolate the patient completely. Notify the physician at once, and also see that the health authorities are apprised of the fact that a contagious disease is being treated. Please remember that it is the duty of every family to co-operate in every way with the health authorities, both for their own protection and the protection of others. Deception of the health authorities on the part of the general public is far too prevalent, or measles, scarlet fever and other highly contagious diseases would rapidly become less harmful, while eventually epidemics of such diseases would be unknown.

The patient should be placed in a well

ventilated dark room, on account of the irritating eye symptoms. Warmth should be maintained, and a laxative and warm drink administered to bring out the rash. A liquid diet is necessary.

The fever and cough need special attention, which can only be given satisfactorily by a physician.

During the scaling of the skin, the patient should be anointed daily with vaseline.

Measles is a serious disease, notwithstanding the opinion of the laity in regard to it. There are so many possible complications that there can be no real certainty as to the next development. A physician should be in constant attendance, and he should examine the child carefully at every visit. The action of the heart and lungs should be examined, and a specimen of the urine should be given to him.

During convalescence, see that the patient has plenty of rest, fresh air and tonic treatment.

Mumps

Mumps is a contagious disease characterized by a swelling and inflammation of the

gland in front of the ear known as the Parotid Gland. The disease is also called Parotitis. It chiefly affects children, although adults, particularly the male sex, are frequently susceptible.

The contaminating virus, which is highly contagious, is found in the saliva. The salivary glands are often involved. No definite micro-organism has yet been discovered.

Patients can have more than one attack, but the disease is not at all dangerous.

The incubation period is from 7 to 14 days.

Symptoms: For several days the child will feel indisposed. The disease frequently starts with a chilly sensation, followed by fever, rising to about 103 F.

Swelling in front of the ear becomes pronounced. One or both sides of the face may be affected. Movement of the jaw becomes decidedly painful, and the features are distorted owing to the swelling. Often during the course of the disease the swelling and pain will subside in the face and reappear in the testicle of the male adult, or in the ovary and breasts of the female.

The diagnosis of the disease is simple.

If, however, there is any question, let the patient take the juice of a lemon and hold it in the mouth for a few seconds before swallowing. If mumps be present the patient will almost immediately have an acute pain at the angles of the jaw.

Treatment: This is very simple and consists chiefly in nursing. Administer, as in acute diseases, the customary laxative. Hot poultices or hot flannel-cloths to the face and neck will give relief. The patient should be kept on a simple diet. Should the testicles become quite painful, cover them with a cloth saturated with lead and opium wash, keeping wet all the time, or apply a ten per cent Ichthyol ointment. Either of these remedies can be obtained easily at any drug store.

Scarlet Fever or Scarlatina

Scarlet Fever is one of the most dangerous contagious diseases that the physician is called upon to treat. No case of scarlet fever should be considered mild at any time, on account of the various complications which are always possible. It requires the greatest watchfulness on the part of both

nurse and physician, and this vigilance cannot be relaxed with safety until the patient has been well apparently for at least five or six weeks.

The incubation period is from 1 to 7 days. The disease is associated with high fever and rapid pulse, a scarlet rash, a sore throat, and a peculiar tendency to involve the kidneys, setting up acute Bright's disease.

The disease generally begins with a chill, often with vomiting, and occasionally with convulsions. The tongue is heavily coated, quite red at the tip, looking very much like a strawberry — the so-called "strawberry tongue" of scarlet fever. The throat is intensely swollen, and the patient suffers great pain and has much difficulty in swallowing. The tonsils are generally covered with a membrane, and are greatly swollen.

The fever reaches 105 F. in a few hours and remains high for several days, when it declines gradually to normal in about ten days, provided no complications exist.

The patient is very restless, having severe headache, being unable to sleep, and at times going into delirium.

The eruption of scarlet fever generally

appears rapidly on the neck, chest and abdomen, spreading over the entire body. The characteristic point about the rash is that it disappears upon pressure, leaving a white surface which remains for a few seconds at a time. The rash is composed of minute bright red spots, coalescing or so closely associated as to form one mass of vivid scarlet color. Between the fourth and the sixth day the rash fades and the period of peeling begins. The epidermis of the entire surface of the body desquamates even to the palms of the hands and tips of the fingers.

Treatment: Rest; liquid diet; isolation. Anoint the entire surface of the body twice daily — especially during peeling time — with cocoa butter, cold cream or vaseline. Encourage the patient to drink plenty of water. Do not attempt to treat the case, but send at once for a physician. A strict quarantine should be carried out and the health authorities notified at once.

A protracted convalescence is the rule, and on account of the various complications it is wise to keep the patient in bed from five to eight weeks.

Physicians attending such cases should wear white gowns over their clothing and should be careful to wash their hands thoroughly before and after visiting the sick room. Carrying the contagion from one patient to another is very easy, hence too much care cannot be used when treating such a case.

The family should be kept away from the patient and should be instructed about using gargles and taking general hygienic care of themselves.

I cannot emphasize the necessity of a physician too strongly. There are so many little details regarding hygiene, care of the case, quarantine and complication that the expert, trained mind is necessary to accomplish the desired result.

Tonsilitis

Tonsilitis is an inflammation of one or both tonsils. Young children with enlarged tonsils are particularly susceptible during the winter months.

It is caused by exposure to wet or cold, especially if a child is debilitated or run

down from any cause. Rheumatic tendency has a predisposing influence.

Symptoms: Frequently the child will have a chill, sore throat, headache, marked pain under the ears near the jaw. There is difficulty in swallowing and in talking — the voice sounds as if the mouth contained something. The tonsils will swell rapidly and be quite red. Frequently the so-called "crypts" or little holes in the tonsils are filled with a yellowish, offensive, cheesy mass, this being often expectorated when the patient is recovering. Often again, these small spots run together and form one large yellow patch upon the tonsil, somewhat resembling diphtheria. The fever runs up to 103–104 F. and remains rather high for several days. As the fever declines, so does the disease, which usually runs its course within a week.

Treatment: Keep the patient as comfortable as possible. Use small pieces of cracked ice, allowing them to melt in the throat. A cold compress to the outside of the throat is occasionally very beneficial. Gargling is of benefit provided the child can do it. Dobell's solution (procured at

any drug store) and hot water, in equal parts, or Listerine and hot water (in equal parts), is useful. A solution of peroxide of hydrogen with hot water will clear the throat well and is an excellent preparation to try before using other gargles. When gargles are used, they should be kept up continuously every two hours at least during wakeful hours. The bowels should be kept well open by large doses of salts or castor oil. Hot milk will not only act as a nutritious food but frequently will greatly relieve the painful throat symptoms. Abscesses occasionally develop and for that reason a physician should be in attendance.

Whooping Cough

[Pertussis]

This is an infectious disease characterized by peculiar spasms of coughing ending in a profound "whoop." The disease is distinctly dangerous, especially when young, delicate children contract it.

The exciting cause is as yet unknown. The period of incubation is from 5 to 15 days.

Symptoms: There are three separate stages — the first, or catarrhal stage; the second, or paroxysmal stage; and the third, or improvement stage.

Catarrhal Stage: Sneezing, cold in the head, slight, dry cough, and moderate fever. These symptoms become more aggravated for about two weeks, and apparently resist all treatment, developing into the second stage.

Paroxysmal Stage: This is the "whooping" stage of the disease, during which the previous symptoms become much more aggravated. The cough is harsher, the eyes become deeply congested and injected. The veins of the head and neck are distended during the paroxysms and the face becomes "cyanotic" or blue. Vomiting occurs during the coughing spells, and sometimes bleeding at the nose. After a prolonged spasm or paroxysm the characteristic "whoop" appears.

This stage lasts from two to four weeks, and occasionally longer, finally running into the third, or improvement, stage.

Improvement Stage: The disease is now declining in severity and the symptoms

gradually disappear. The paroxysms become milder and less frequent, and eventually cease. This stage lasts for about two to three weeks. The patient is left in a pronounced anæmic and nervous condition, and at times is completely prostrated.

Treatment: Unfortunately, no cure has yet been found. The disease must run its course. I do not know of any medicine which will be of the slightest benefit.

Keep the child in the open air and protect it from extreme temperature changes by proper clothing. Expectorant remedies, or cough syrups, and all patent medicines are totally valueless. Local applications and spraying give no relief.

The patient should be quarantined. For the rest, care and patience must be exercised while the disease runs its own course. Nothing else can be done.

VIII

NERVOUS DISEASES OF CHILDHOOD

THERE are certain diseases of the nervous system which creep insidiously upon a little one, and, unless parents are constantly watching their children, these disorders will make headway without being noticed or checked. Many of the nervous symptoms, even at the very beginning of some trouble, are so pronounced that it seems incredible that parents do not at once become alarmed. Take, for instance, the nervous twitchings of St. Vitus's Dance, or the hesitancy of speech in the beginning of a stammer; there is strange ignorance or strange carelessness on the part of parents who do not notice that such abnormalities are certainly not characteristic of normal children. Fortunately, the old days of indifference are passing away, though in a somewhat leisurely manner — far too leisurely, indeed, for the happiness of the individual home

and the welfare of the nation. But there is undoubtedly a higher standard now than formerly. Each year, more men and women who undertake the responsibilities of marriage are trying to fulfil those responsibilities, in some measure, at least, with regard to their children.

The nervous system of a child is extremely complex. But certain fundamental symptoms, such as twitching and nervous movements or nervous articulation, have perfectly clear meanings, and it is not necessary to be a physician in order to recognize them. Of course, I cannot give a complete scientific consideration of the subject in this volume; but I will point out some of the danger signals and explain as simply as possible the common symptoms of the common disorders.

A child's nervous system is as undeveloped and imperfect as its body. Just as the muscular system makes gradual progress until it is adjusted to its complete functions and can withstand the strain of normal life, so the nervous system has to grow and adapt itself for duties that would crush it if imposed prematurely.

The brain of a child is immature and unstable, readily susceptible to wrong impressions and functional disturbances. The general proneness to irritability, twitchings, spasms, fits, emotional excitement, tempers and moods illustrates the imperfect state of health that permeates the higher nerve centres. Neurotic children are sick children. It is no good dismissing the matter with a careless: "Oh, he 's a little nervous, but he will soon be all right if you leave him alone." Nervous children must not be "left alone." On the contrary, great care and watchfulness must be exercised until every trace of a neurotic tendency has disappeared. Encouragement is of great value, and patience with these little ones is more than a virtue.

Dr. John Thompson of Edinburgh recently issued at his clinic some sound suggestions:

"The mother must recognize and admit that her child is mentally defective, and be ready to co-operate with the teacher and the doctor in its special treatment. Without this triple co-operation little permanent good can be effected, and parental indiffer-

ence in the home can undo much good accomplished by expert tuition in the special schools. Teach the child to respect himself, and make him recognize that he lives under natural laws to which he must conform. Moral defects require firm discipline combined with kindness and tact. Cultivate the child's moral sense of right and wrong; encourage him to exercise self-control; explain to him that concentration of energy is necessary for him to earn his living as a man. Try to make him even vain in his good qualities, and to take a pride in his superiority to weaknesses. Train him to be something; provide him with an objective; with an ideal — that he may learn to behave as a grown-up man. Find him a suitable occupation. A clumsy fingered child may make a gardener; a child with neat fingers a bookbinder or wood-worker.

"Extol the beauty of the humblest work — teach him never to despise labor of any kind, for the child may be unfitted for anything but menial tasks. If a girl is defective, teach her that every woman takes a pride in housework, and that to set a table well is an act of distinction. The individu-

ality of a child must be kept sacred, and the production of the state of mental equilibrium — ideal sanity — be regarded as the goal in educational methods."

The following common nervous diseases should be studied, and if a child exhibits the symptoms of any of these disorders, a neurologist should at once be consulted:

HYSTERIA
NEURASTHENIA
NIGHT TERRORS (Pavor Nocturnus)
ST. VITUS'S DANCE (Chorea)
STAMMERING
NERVOUSNESS: MELANCHOLY: MENTAL FATIGUE

Hysteria

It is almost impossible to define *Hysteria.* There are so many queer symptoms that it can only be described as a disease of the nervous system characterized by a variety of manifestations. It is closely allied with Neurasthenia, and frequently the two are seen together.

Cause: Children who are underfed, anæmic, of neurotic parentage or neurotic

disposition are especially liable. Heredity plays a very important part. "Brain storm" children, or children whose brain centres are unduly excitable or active, are always possible victims. Females are particularly susceptible.

Symptoms: Various as the manifestations are, the symptoms of Hysteria are always peculiarly characteristic and easily recognized. Screaming and sobbing are common. A very common symptom is the so-called "Globus Hystericus," a feeling as if a lump were in the throat which cannot be swallowed but impedes the breathing. There is lack of will power; high excitability; ungovernable nervous temperament. The child may have a fit, spasm or convulsion, which may seem like a true spasm of epilepsy to the family, but a physician will recognize the difference immediately. Usually when the patients go into these false spasms or fits, they select the most comfortable place in the house for the attack. The lounge or bed is quite soft and easy to fall upon and the hysterical child fully recognizes the fact, for almost invariably the physician finds the patients,

after hysterical fits or convulsions, unhurt in every particular.

Treatment: It should be remembered that any case of Hysteria, no matter how alarming, may recover completely in a very short time. If possible, eliminate the cause of the difficulty. Tonic treatment and a well nourishing diet together with a change of surroundings will be found decidedly beneficial.

The family should at all times be patient with such cases and try to inspire confidence and encourage the development of self-control. Firmness and kindness with a large amount of encouragement are absolutely necessary for the success of the treatment and the restoration of perfect health.

If Hysteria is actually complicated by some organic trouble, special care by a physician is demanded.

Neurasthenia

This is a disease of the nervous system, as nervous debility or nervous prostration.

Causes: Neurotic children are very susceptible, especially those with hereditary

nervous tendency. Prolonged mental excitement; overwork at school; mental and physical exhaustion; sexual excesses; eye-strain from uncorrected refractive errors.

Symptoms: Headaches; depressed spirits; inability to study or to concentrate upon one thing; dizziness; indisposition; general muscular weakness, the child being tired most of the time; pains in limbs and the back of the head; weakness of extremities; gastric disturbances with coated tongue and constipation; imaginary heart troubles and palpitation. The hands and feet are generally cold.

Treatment: Remove the cause of the disease. Moral treatment is of great importance, and sympathy and comprehension have cured many a case. The patient should be assured that he is not seriously ill. He should be taken from school and all study should be stopped. Where inactivity has been the rule, regular physical exercise in moderation should be secured. Children who are pale or anæmic and weak will require the "rest cure," or the "S. Weir Mitchell" treatment.

The "Weir Mitchell" treatment invari-

ably gives brilliant results. It consists of absolute rest in bed, forced feeding with the most nourishing foods, and the employment of electricity and massage.

Tonics of all kinds are valuable — iron, quinine, arsenic, phosphorus and strychnine in some form are the most satisfactory.

Change of air is beneficial. A diet consisting of rich soups, puddings, eggs, milk and cream should be given.

Eyestrain — a frequent cause of disorders — should be corrected.

Night Terrors

[Pavor Nocturnus]

This condition is one of nervousness, found generally in the neurotic child who, during sleep, will suddenly awaken terrified. This period of terror lasts from a few minutes to half an hour, during which the child will see visions. It is difficult to comfort the child at the time, but it will usually fall asleep again after a short time and will have natural rest for the balance of the night.

Night terrors are rarely seen in children

with sound bodies and healthy minds. The "dime novel," "Nick Carter" type of boy or the over-studious nervous girl is frequently troubled.

Treatment: There is no specific remedy. Tone up the nervous system and do not allow naturally studious children to work too hard. See that no unsuitable books are read. Eyestrain should be corrected. A good cathartic and a careful diet will be highly beneficial. If it be possible definitely to determine the cause of the trouble, use pains to remove it. The real cause may be apparently quite insignificant.

St. Vitus's Dance

[Chorea]

This is a nervous affection generally found in girls, but sometimes also in boys ranging from six to nine years of age.

There is invariably on the part of the patient a nervous predisposition and temperament, and a family history of insanity, epilepsy and hysteria is not uncommon.

Symptoms: The symptoms of this dis-

ease are unmistakable — inattentiveness, clumsiness, quarrelsomeness, irritability, excitability and forgetfulness are the predominating signs, accompanied by a characteristic twitching. The child does not keep still; it is fidgety, constantly raising its shoulders; twisting about and jerking its head. The muscles of the face become involved and the most grotesque countenances are produced. The stammering child is invariably found in this type of nervous trouble. The general health is of course below normal, and the child is pale and anæmic.

Treatment: The child must at once be taken out of school and given absolute rest, preferably in bed. Hygienic conditions and surroundings must be improved. If the family can afford it, a change of climate is beneficial. Stop everything that tends to excitement. Correct eyestrain and defects of speech, and place the child on a tonic treatment. Remedies such as arsenic and iron are valuable. Occasionally other remedies are necessary, and the family physician should be consulted and trusted. Care should be given to the diet and a highly

nutritious one should be adopted if the patient can tolerate it.

Occasionally inflammation of the heart is found in this disease, and it is therefore essential that the patient be examined frequently.

The disease is not incurable. It sometimes lasts as long as three months, but with proper care and treatment the course can be curtailed.

Stammering

Stammering is a nervous affection of speech characterized by faulty articulation.

Causes: These apparently are few. (1) Spasm of respiratory muscles while trying to speak. (2) Deficient harmony between mechanism of vocalization and of articulation. (3) Naso-pharyngeal affection — chiefly adenoids.

Before treatment is undertaken, it is necessary to understand thoroughly the mechanical trouble which is causing the defect. The average practitioner of medicine is not capable of treating this disease. He has not the time, as a general rule, and, further, he does not, probably, understand the

principles upon which the treatment is based. There are specialists who devote their entire time to this disorder, and they are the proper advisers to whom to go for treatment. Dr. E. W. Scripture of New York, and Mrs. Emily Behnke, Earl's Court, London, England, have done much work in this connection, and both are entirely capable.

Parents should realize that while most cases are curable, the improvement in many cases is slow, and years are required to effect a complete cure.

Again, parents should realize that the misery caused to children by this disorder is very great: their dispositions may be changed and their future careers ruined unless treatment be undertaken as soon as possible and continued patiently.

Treatment: 1. Children who stammer should be isolated — stammering is contagious.

2. All obstructions to nasal breathing should be removed.

3. Breathing exercises are important, and the patient should be taught

to inflate and deflate the lungs very slowly, breathing through the nostrils.

4. The patient must be taught to read slowly, articulating carefully and distinctly.
5. Musical tone reading with the pitch of the voice raised and lowered is beneficial.
6. Select the sounds which give difficulty, and practise words and sentences containing them.
7. Parents should always speak slowly and distinctly to stammering children, and never allow the children to lapse into a careless way of speaking, otherwise the cure is retarded.
8. Do not allow stammering children to attend public schools.
9. Correct as soon as possible any other nervous affection associated with stammering, such as St. Vitus's Dance, etc.
10. Give tonic treatment, rest, fresh air.
11. Circumcision is not beneficial in this disorder.

Nervousness: Melancholy: Mental Fatigue

These are general indications of an abnormal nervous condition, and demand watchfulness and comprehension. See that no specific disorder is threatened, and, if not, apply the general principles for dealing with neurasthenia — rest, a simple nourishing diet, the removal of worry and excitement, fresh air, moderate exercise, and, especially, the sense of confidence between parent and child without which the latter cannot develop normally, or be saved from the big and little pitfalls that are waiting for him both during childhood and in later years.

IX

MINOR DISORDERS OF CHILDHOOD

A CHAPTER upon diseases not particularly dangerous, and yet quite common, seems imperative, as such disorders are usually reserved entirely for home treatment, a physician not being called in unless the case proves unexpectedly severe. A little definite knowledge is therefore very desirable, for some curious superstitions and stupid practices still survive, and many a child suffers from this crude or experimental home treatment.

Here is a little list of common, but rarely complex, disorders:

BOILS
EARACHE
HEAD LICE
HIVES
NEURALGIA
NOSE BLEED
POISON IVY OR OAK RASH

PRICKLY HEAT
RINGWORM
THRUSH OR SPRUE

Boils

[Furunculosis]

A *boil* or *furuncle* is a small purulent tumor situated in the skin. It is caused by an infection due to a pus germ which finds entrance through the hair follicles of the skin. These small germs settle in the deeper layers of the skin and under the skin, and set up an acute inflammation. Children and adults in poor health are susceptible.

Symptoms: These can rarely be mistaken. At first there is a slight itching at the point where the infection is carried through the skin, and within twenty-four hours afterwards there is probably a small pimple or red raised area, which is decidedly irritable. Induration or swelling becomes pronounced, and later an annoying, pulsating, throbbing, aching pain becomes the characteristic symptom, with much swelling. Sometimes the disease is so severe that constitutional symptoms are noticed. Loss of

appetite and sleep, constipation, nervousness and nervous headache are common.

Treatment: Operative treatment alone is worth consideration as a means of ending the disease quickly. There is such general aversion, however, to the use of the knife that remedial measures must be mentioned.

Never squeeze a boil. Tissues which are badly indurated are best left alone instead of being still further irritated. The idea that the "core" can be squeezed entirely out of a boil is utterly wrong. Some of the pus and degenerated matter will, of course, come away when pressure is used, but infected matter invariably remains, and the only important result is a good deal of pain to the patient, and a good deal of damage to the tissues.

Poultices of linseed or flaxseed should not be used, as they are essentially dirty and have no desirable result. Soap and sugar, or the white of an egg, should not be placed upon a boil to "draw" it.

Hot wet dressings will relieve the pain and end the trouble more quickly than any other medication. But a more modern and less painful treatment is the following:

A half-teaspoonful of carbolic acid to a quart of hot water. Soak some sterile plain white gauze in the solution. Partly wring the gauze out and apply it loosely to the boil, covering it with a small amount of rubber tissue and bandage. The dressing should be kept wet and changed twice daily.

Bichloride of mercury solution is just as efficacious and should be used in the same way. Small bottles of bichloride tablets can be purchased at any drug store. One-quarter of a tablet dissolved in a quart of hot water will answer the purpose.

A hot saturated solution of boracic acid is also beneficial.

The use of any antiseptic wet dressing with sterile gauze is far better and cleaner than a poultice. While the action is practically the same, the medicated solution has a tendency to soak into the skin and kill whatever germs are on the surface of the skin. The poultice, on the contrary, has no antiseptic properties and is simply a means of keeping the pus germs alive and giving them nourishment, for there are millions of germs developing upon the surface of a hot, dirty poultice.

If such treatment be kept up for a few days, rigorously, the boil will soften, the pain will disappear, and soon the so-called "core" will come out.

The quickest and best method of treatment, however, is certainly a free incision into the boil and a thorough scraping away of all débris or degenerated tissue, draining the boil and applying a large antiseptic wet dressing.

If the disease be persistent, tonic treatment internally, rest and an appropriate diet should be given. Children's bowels should be kept freely open by the administering of salts.

Earache

Earache is not a disease, but a symptom of acute catarrh of the middle ear. This is quite a common affection due to exposure to cold and wet, and especially cold in the head. Catarrh of the ear occasionally follows scarlet fever, pneumonia, measles, nasal douching, entrance of water through the Eustachian tube. Earache also follows the accumulation of wax which has become hardened in the ear.

Symptoms: Sense of fulness of the ears; pain (earache); slight loss of hearing; buzzing in the ears; redness, swelling and bulging of the ear drum.

Treatment: On account of the sensitiveness of this organ it is obligatory that the parents consult an ear specialist as soon as possible. Pain in the ear can be temporarily helped, especially if it is due to hardened wax, by very warm water douching. A pint or more of sterile water as hot as possible should be allowed to run into the ear with not too much force every hour until a physician's services can be obtained. Putting hot oil, blowing tobacco smoke into the ear, or poulticing is a dangerous procedure and none of these should ever be attempted. The condition "earache" and especially the cause of it should only be treated by a skilled physician who thoroughly understands ear treatment.

Head Lice

[Pediculosis Capitis]

Pediculosis Capitis is an inflammation of the skin and scalp caused by head lice.

These lice are generally found upon the heads of children of the poorer classes and are communicated by direct contact only. While there are several varieties of the disease, it is only necessary to refer to the common one.

Symptoms: There is profound itching and inflammation of the scalp and lower part of the neck. Often the infection of the skin, due chiefly to scratching, causes large lumps to appear on the back of the neck. These lumps are infected glands, and are really dangerous.

Treatment: To remove the nits use tincture cocculus-indicus, diluted well with water, the head being first washed thoroughly with hot water and soap — preferably naphtha soap. The nits may also be removed by using hot vinegar and a fine tooth comb. An excellent remedy for this condition is to wash the hair thoroughly with kerosene and allow it to remain wet for some hours. In this, however, there is danger should the patient get near a flame, and great care must therefore be exercised if this remedy is tried.

The skin disease and slight glandular en-

largement which often accompany this trouble require no special treatment. A mild ointment such as zinc oxide is all that is necessary.

Hives

[Urticaria]

The definite cause of this disease is not known. It is generally attributed to indiscreet feeding, indigestion, or certain articles of diet. Strawberries and shellfish and the bite of certain insects have produced the disease.

It is one of the most aggravating and annoying of the skin disorders. It appears rather quickly in the form of numerous papules or wheals. This pale eruption of papules lasts for a short time, when a new crop will appear elsewhere — hands, feet and body will probably suffer. The characteristic symptom is the intense smarting, burning, itching sensation as the eruption appears.

Treatment: Prevent scratching and subsequent infection of the skin by seeing that the child wears mittens. Epsom salts,

calomel or a castor oil purge should be administered immediately. Rest in bed on a diluted milk diet is beneficial.

Local treatment serves to allay the itching and is beneficial. Hot salt or bicarbonate of soda bath — boric acid wet dressings — equal parts of alcohol and water — weak carbolic acid solution (a teaspoonful to two quarts of water).

Internally, when rest is impossible, give a sleeping powder.

Although the disease is in no way dangerous and a cure is inevitably the rule, some cases recur with great persistence.

Neuralgia

Neuralgia is a condition due to inflammation of the nerves, in which pain is the pronounced symptom.

There are various kinds, but the most frequent is neuralgia of the face.

Causes: 1. Exposure to the cold and wet.
2. Injury to nerves.
3. Extension of inflammation from mouth.

4. Toothache.
5. Infections from teeth.
6. Follows acute infections and contagious diseases and ptomaine poisoning.

Symptoms: 1. Constitutional symptoms, at times severe.
2. Gastric disturbances frequent. Appetite lost.
3. Nervous condition develops.
4. Rest and sleep at times are impossible.
5. Severe headaches are common.
6. Constipation is the rule.
7. Pain is generally located on one side of the face and is a continuous annoying aching sensation. Pain is generally a little worse at night. For several days the pain increases in severity unless treatment is applied. Slight swelling of the face generally follows the pain which disappears as soon as the inflammatory condition of the nerves subsides.

Treatment: Treatment must be vigorously kept up.

1. Remove the cause if possible.

2. If due to teeth conditions, consult a dentist.
3. Hot applications to the parts — in the form of hot water bottle, hot flannels, hot wet dressings — are at times beneficial and relieve suffering considerably.
4. Free saline cathartics are advisable. A dose of Epsom salts or a glass of Citrate of Magnesia should be given every morning. The dose, of course, must be regulated according to the age of the patient.
5. Medicine to relieve pain is necessary and should be given with care. Opiates are the only remedies which temporarily relieve this condition and assist in curing.
6. Local application of medicines are at times beneficial and give great relief — Baume Analgésique Bengué and Capsicum Vaseline have been applied with some success. Either of these medicines may be used in the following manner:

   Spread freely over the part where the pain is felt and rub in well,

covering the application afterward with a piece of muslin or flannel.

Mustard plasters and tincture of iodine are a great help as counter irritants, but are too severe upon the skin for the amount of benefit derived.

Nose Bleed

[Epistaxis]

Nose bleed occurs under the following conditions:

1. Inflammatory or congested condition of the mucous membrane of the nose.
2. Injury to nose.
3. Blood diseases and infectious fevers.
4. Heart and lung diseases.
5. Beginning of fevers, especially Typhoid and Scarlet Fever.
6. Blowing the nose violently.
7. Family heredity.
8. Occasionally it occurs without any apparent cause.

Treatment: Numerous nose bleeds should be a warning and the case seen by a physi-

cian, preferably a nose specialist. When hemorrhage is severe, a physician is necessary.

Mild cases should be treated by the following methods:

1. Absolute rest is essential.
2. Do not rub, wipe, or blow the nose.
3. Close the nostrils and allow a clot to form; bleeding generally stops.
4. Plug the nostrils with absorbent cotton.
5. Hold ice water cloths over nose.

If these simple methods are not successful, call a physician immediately.

Poison Ivy or Oak Rash

[Dermatitis Venenata]

An eruptive disease caused by contact with Poison Ivy (Rhus Toxicodendron), Poison Oak (Rhus Diversiloba) or Poison Sumac (Rhus Venenata).

Symptoms: These generally appear in the form of minute papules and vesicles. Intense burning and itching are present. The hands and face may swell considerably

and, associated with constitutional symptoms, may give rise to much discomfort.

The disease is entirely curable, but sensitive patients may have a recurrence year after year. It is well to avoid at all times close proximity to the plants causing the trouble.

Treatment: This is not always simple, as the disease seems to grow temporarily worse under treatment. Severe continued treatment in neurotic patients seems almost unendurable.

The bowels should be well moved and a milk diet is preferable.

Local application of the following will be beneficial:

Alcohol and water, equal parts.

Lotion of Sulphate of Zinc —10 grains to one pint of water.

Fluid Extract Grindelia Robusta diluted with water — one part Grindelia to four parts water.

Sweet Spirits of Nitre slightly diluted with water.

Lead and Opium wash.

Ichthyol ointment or Zinc Oxide ointment.

Whatever treatment is adopted must be continued persistently.

Prickly Heat

[Miliaria]

This is an acute disease of the sweat glands in which are seen very small red papules and vesicles, accompanied by itching.

Causes: Over-heating (a frequent cause); too much clothing; hot weather; fevers.

Symptoms: There are found on the trunk small red vesicles and papules which burn, itch or cause a pricking sensation, frequently associated with free perspiration.

Treatment: This should be directed to getting the bodily temperature normal. A saline cathartic is beneficial, viz., Epsom or Rochelle salts. A restricted diet for a few days on milk and broth should be given. Application to the skin of a mild solution of carbolic acid (a half teaspoonful to a quart of water) or boric acid solution is helpful. A bland dusting powder liberally applied gives relief.

Ringworm

[Tinea Tonsurans]

Ringworm of the scalp is observed chiefly in children.

Symptoms: There will be seen one or more round, scaly patches with a slightly raised dirty gray colored surface in which dry broken hair penetrates. The patches are sometimes quite numerous.

Treatment: Wash the scalp thoroughly with naphtha soap and hot water. Pull out all infected dry hair. Ointments of sulphur and mercury will be found beneficial and should be applied daily. Painting the patches with tincture of iodine until they are entirely black will be found helpful. Repeat the painting every two days if necessary. A night cap for the scalp should be worn, so that the treatment may be uninterrupted.

Thrush or Sprue

This is a parasitic disease, which appears first in the form of small white pinhead spots on the inner surfaces of the cheeks

and on the tongue. The disease is seen chiefly in nurslings and in those children whose health is debilitated. Weak, marasmic, bottle-fed babies are especially susceptible.

Children with the disease often suffer considerable pain and discomfort while nursing. Gastro-intestinal trouble is frequently present, and also diarrhœa and vomiting.

Treatment: Medication is of no benefit, with the possible exception of small doses of bicarbonate of soda given twice daily. The effective treatment consists in paying particular attention to the hygiene of the child's nursing. Rubber nipples should be thoroughly boiled and the mother's nipples sterilized as thoroughly as possible with a solution of boracic acid; or, better still, draw the milk out with a breast pump and feed the child with a spoon. The child's mouth should be wiped out very carefully, before and after feeding, with a piece of soft cotton wound around the little finger and soaked in saturated boracic acid solution. The bowels of the infant should be kept open with castor oil.

X

SOME SIMPLE OPERATIONS

IT would be out of place here to discuss surgical cases generally. But a few words with regard to simple wounds and lacerations will be useful; and as so many children have tonsils or adenoids removed, or *should* have them removed, a short section on the subject has been added, with some necessary advice with regard to the administration of anæsthetics. Appendicitis, also, has been so prevalent that it requires consideration.

Hemorrhage

There are two kinds of hemorrhage resulting from cuts — venous hemorrhage and arterial hemorrhage.

Venous hemorrhage is marked by the continuous flow of dark red blood, and arterial hemorrhage by the intermittent spurting of bright red blood.

Lacerations of tissues, if at all severe, with considerable bleeding, should be treated by a physician or surgeon, as stitches may be necessary to draw the surfaces of a cut wound together in order to stop hemorrhage and secure a better cosmetic result. But many simple cases can be treated by a parent.

Hemorrhage may be stopped by

1. *Pressure* — Use a clean handkerchief, or sterile gauze, if possible. Apply over the cut and hold tightly for some time until the bleeding stops. If the bleeding is severe, hold gauze in place or bandage until the surgeon arrives.
2. *Hot Water* — Use a handkerchief or sterile gauze wrung out in *very* hot water; apply to the cut surface, continuing to change the gauze as soon as heat begins to leave it. The heat coagulates the blood and hemorrhage invariably stops.
3. *Cold or Ice* applications can be used in the same way, but they are not so effective.
4. *Medicines,* such as tincture of iron,

tannic acid, adrenalin, alum, can be applied effectively.

5. *Tourniquet* — The application of a constrictor placed around a part sufficiently tightly to stop bleeding. When such a method is used, the hemorrhage, of course, is severe and a surgeon's services are imperative immediately.

After all hemorrhage has been stopped, the after treatment of the case remains important. No matter what the condition — an abrasion, a cut, a punctured, contused or lacerated wound — the question of cleanliness is the first consideration after the flow of blood has been stopped. Soap and water play the leading rôle, and it should be remembered that the use of too much of both is an impossibility. After thoroughly washing the parts, a detergent such as peroxide of hydrogen or dioxygen should be used. I thoroughly approve of peroxide. It can certainly do no harm, and is invariably beneficial.

After the washing and cleansing, I always use either a saturated solution of boracic acid, or a solution of carbolic acid, very

mild. If the part to be treated is near the eyes or mouth, I use boric or boracic acid solution; if elsewhere, carbolic acid solution. The boracic acid solution should be made in the following manner: Dissolve as much boric acid in a pint or quart of hot water as it is possible to dissolve, making what is known as a "saturated" solution. The carbolic acid solution is not made stronger than a half teaspoonful of carbolic acid to a quart of water. Lysol is another well-known remedy, used as carbolic, in the same proportions.

When solutions are prepared, sterile gauze or clean linen or handkerchiefs or bandages should be wrung out in the solution and applied quite damp to the part to be treated.

The dressing should now be bandaged and not changed for twelve hours. But it should be kept fairly wet all the time.

A wound treated by continuous wet dressings, as just described, is a very hard wound to infect; and if already infected will yield as a rule very quickly to treatment.

Tonsils and Adenoids

A good deal of attention has been given to the subject of *Tonsils* and *Adenoids* during the last few years. Formerly, tonsils were treated and "doctored," and adenoids were neglected. To-day, thanks to the progress of scientific nose and throat work, both are treated as they should be, and are removed.

Tonsils are useless, and if enlarged are a menace to health. Continued inflammation of the tonsils tends gradually to destroy these glands, and during the process of degeneration, infection is very liable to enter through the tonsils and be transmitted to the glands of the neck. Tubercular glands of the neck are invariably caused in this way, by infection entering the tonsils and then the glands.

Any child with sore throat and swollen tonsillar glands should be taken to a surgeon and have the tonsils removed.

Adenoids are tissues formed at the back of the nose; they are useless, and dangerous. This tissue mass degenerates and prevents the child from breathing properly.

The child becomes ill and stupid, and the results may be very serious unless the condition receives surgical care.

A surgical operation is the only cure both for enlarged tonsils and for adenoids.

The removal of tonsils and adenoids does not alter the child's voice, nor is it harmful in any way. It is only, and always, beneficial to the child's health. The operation itself need not be dreaded. The normal child recovers very quickly, and shows marked improvement in general health and mental brightness.

Anæsthesia

There are numerous anæsthetics — ether, chloroform, laughing gas, the injection of cocaine locally and injections into the spinal column. I prefer ether anæsthesia because it is safer than any of the others, and entirely satisfactory. There are cases, however, in which other methods must be used; but they are rare.

In taking anæsthesia, follow these rules:

1. Always have it administered by an expert.

2. Insist upon using ether whenever possible.
3. *Eat nothing* for twelve hours before taking it.
4. See that the bowels are thoroughly empty.
5. Remove all false teeth: deaths have been caused by swallowing them.
6. Be sure to ask the doctor if the heart action is normal. The specialist will always examine the heart — the "matter-of-fact" doctor occasionally neglects to do so.
7. Complete rest, alone, for one hour before anæsthesia is advisable. Any excitement should be avoided.
8. See that the room where the anæsthetic is given and the patient operated upon is warm.
9. Patients coming out of anæsthesia should be protected from cold and draught. See that the nurse is provided with blankets to protect the patient.
10. Realize that fatalities due to ether are extremely rare, and take it without fear and with absolute confidence.

Appendicitis

Appendicitis is an inflammation of the so-called Vermiform Appendix.

Causes: 1. Foreign bodies getting into the appendix (uncommon).
2. Local injuries.
3. Indiscretions in diet.
4. Constipation.
5. General systemic infection following tuberculosis, syphilis, and acute infectious diseases.
6. Following inflammation of the intestines — especially the colon.
7. Susceptibility after a previous attack of appendicitis.

Symptoms: Constitutional symptoms are generally pronounced — high fever, rapid pulse and constipation are invariably associated with an attack.

The temperature ranges from 100 to 103, and the pulse runs as high as 130.

The general appearance of the patient is changed. There is anxiety, irritability and restlessness.

Pain in the lower right part of the abdomen is the pronounced symptom, and de-

velops rapidly. There are varying degrees of pain, however. Occasionally, only tenderness appears over part of the abdomen. Or there may be sharp lancinating definite pain on the right side of the abdomen — about 2½″ below and 3″ to the right of the umbilicus. This is more common, and very indicative. Associated with this pain, there is considerable rigidity of the right abdominal muscles. The muscle wall hardens. The patient frequently flexes the right leg to relieve the tension of the abdomen and ease the pain.

Patients with the foregoing symptoms and the pathognomonic or decisive signs, a flexed leg and a rigid abdomen, unquestionably have appendicitis.

Treatment: Medical treatment in many cases is temporarily beneficial, although appendicitis is essentially a surgical disease, and a surgical operation is the only method by which an absolute cure is effected. The operation is not severe, and when it is performed by a good surgeon, the danger is slight.

Medical Treatment: Keep the patient in bed. Give liquid diet. Place an ice bag

over the right side of the abdomen. Give a high enema. Do not give cathartics. Medicine to relieve pain is sometimes necessary, although it is dangerous to give it, since it masks symptoms and the true course of the disease is not seen. Call a physician or surgeon immediately.

Appendicitis is occasionally confused with the following diseases:

1. Liver colic.
2. Intestinal colic.
3. Kidney colic.
4. Typhoid fever.
5. Hysteria.
6. Movable kidney.

Appendicitis, at any moment, may be considered a grave disease, and the services of a surgeon are absolutely necessary.

XI

EUGENICS

ANY modern book dealing with the subject of children would be incomplete if it did not contain a chapter on Eugenics.

Eugenics comprises the study of every factor bearing on the welfare of the race — physical, mental and moral. It is considered under the two heads of Positive and Negative Eugenics. Positive Eugenics studies the influences of heredity, environment and education. Negative Eugenics gives attention to what are called the social poisons — agents which cause deterioration — without reference to heredity. The most important social poisons are alcohol and syphilis.

I do not think it advisable here to go into the subject in detail; previous preparation is necessary, and a mental habit must be built up which is able to accept definite truths and consider them in the right spirit,

transforming knowledge into effective action. But from what I have already said it will be plain that the inquiries of Eugenics reach down to the very bases of human life. As the results of those researches become more widely known, the inevitable result will be the enactment of laws designed to correct deteriorating influences. Wise laws of this kind, and their honest administration, would do much good; but they cannot deal with the whole problem of mental, physical and moral health. Not laws, but men and women, must build up public opinion and develop private action if the results are to be vital and permanent; and the main hope lies in the spreading of essential knowledge amongst all classes, instead of confining it to a small and often powerless minority.

The best time to begin to acquire such knowledge is, of course, during childhood and early youth. It is almost impossible to commence too early, if the information is given by degrees, wisely, lovingly, comprehendingly. In early years our brains are more plastic and impressionable, and what we learn then becomes a matter of

conviction, almost of conscience. What we have been taught — if we have been taught wisely and not narrowly — of good or evil, in youth, becomes second nature in later life.

The principles of Eugenics are half at least of the modern Decalogue. Parents who are still ignorant must learn the essentials painstakingly, and then, to the best of their ability, with tact and judgment and a high sense of responsibility, impress them upon the minds of their children — both boys and girls.

It is now known as surely as anything can be known that certain mental, moral and physical traits are transmitted from parents to children, and to later descendants. Insanity, moral obliquity, criminal tendencies and mental defects are thus transmitted, and the laws under which they are so transmitted are beginning to be well understood. Careful study has been made of the family histories of hundreds of insane, feeble-minded, criminal and alcoholic inmates of public institutions, and it has been made clear that the births of defective children follow settled laws. Our knowledge is now so accurate

that it is possible to predict almost exactly the kind of children that will be born to parents whose heredity and mental habits are known. If both parents are defective, *all* their children will be defective. If one parent only is defective, a certain percentage of the children will be defective.

These things are no longer matters of conjecture, but of positive scientific knowledge. How shall we use this knowledge for the benefit of our children? First, try to make their environment such as will co-operate with nature and permit the normal development of the children; and while you are developing strong and beautiful bodies, try to train the minds to keep pace with the physical development. Diet, exercise, play and education require the most intelligent and yet the most common-sense supervision. Give plenty of good, wholesome food, but teach clearly the evils of gluttony and faddism. Remember that in early life a sound body is more important than an over-cultivated mind, with its possible consequences of nervous derangement. Be careful, therefore, not to ruin the child's proper and harmonious development by premature and un-

duly severe educational efforts. Be patient. Teach the fundamentals quietly, thoroughly. In all things, try to preserve the ideal of normality, avoiding forced growth, excitement, unnecessary stimulus and straining.

Most children are normal and inclined to play and romp; but sometimes we see timid, gentle or diffident children who find it hard or even impossible to hold their own against stronger and more aggressive playfellows. Such children are often of rare and beautiful types mentally and spiritually. Their fine natures are jarred or hurt by the relative crudeness, roughness and thoughtlessness of other children of their own age, who cannot understand them and often persecute them. These remarks apply chiefly to boys of this type. Their bringing up is a matter of serious importance, and the intelligence, or lack of it, shown by the parents means much for the future attitude of the diffident or backward child toward others. Such a boy is indeed fortunate if he has a father who possesses patience and discrimination. As a rule his diffidence and seeming cowardice indicate a mere lack of confidence which could easily be given to him by a

sympathetic and sensible father. What he needs is not protection from rough and rude boys, but self-confidence; and this must be instilled into him practically. He must be taught to use and believe in his own strength, to become self-reliant and thoroughly able to defend himself. This is not said to encourage rowdyism in boys; but it is absolutely necessary to teach gentle and finely-strung boys to protect themselves and not to submit to the humiliation of being browbeaten by bullies. There is no more blighting, and even fatal, handicap to a young man than lack of self-confidence — a reasonable and sound confidence in his physical ability to take care of himself.

If you have provided for your children a good heredity and an environment which has permitted nature to give them strong, healthy bodies, the next duty is to educate them in the essential facts of life. It is not merely useless, it is utterly pernicious, to ignore sex conditions; and teaching should be begun while the mind of the child is plastic and pure, able to accept natural facts with perfect simplicity, and to absorb and incorporate in character the sense of beauty,

fitness and naturalness that will be associated with such truths by all healthy and decent men and women. A child can be taught the facts of love, union and reproduction as simply as he can be taught his alphabet; he will accept unquestioningly the teaching that is given to him with insight and affection. The false shame that comes from the false secrecy so long habitual amongst adults, is entirely absent from a child whose nature has not been vitiated by wrong training, undesirable companions and an unhealthy environment.

The best and most natural teaching is along biological lines. Begin very simply with the reproductive process in plant life, passing to the insect and lower animal life, thence to the higher animals, and finally, by natural and easy transition, to reproduction in the human kingdom. This method of teaching sex relations has been tried by many teachers, and invariably with complete success. Sincere workers in this field have repeatedly told me of the wonderful improvement in the minds, manners and sympathies of boys and girls fortunate enough to have had sex matters explained to them

in this sane and simple way, instead of through the vile channels by which children, especially boys, usually get their perverted ideas of this supreme fact in physical nature.

The important objects of sex knowledge for young people are: First, to enable them to understand themselves, their desires and passions, and to learn to control these in their relation to themselves and to others. Second, to enable them, as the lessons of childhood come to maturity and bear fruit, to bring more than blind and temporary attraction to the choice of their life-comrade. Third, by teaching them the truth and the essential beauty of nature, to safeguard them from the false or vicious hints and teaching of those whose minds are distorted, and who still regard the simple facts of natural life as unclean and impure. Fourth, to prevent, by the clear counsel that will supplement in youth the lessons of childhood, the terrible afflictions of venereal disease.

Morality is not an accident. It is the result of sound heredity, rational training, and healthy environment.

Immorality, so long considered inevitable,

is no more natural in the race than consumption. But enlightened and persistent treatment is as necessary to eliminate the one disease as the other.

Most parents are unaware that sexual immorality among school children is common and widespread. Two factors are chiefly responsible — ignorance, due to the deplorable neglect of parents; and perfectly natural curiosity as to sex matters. Not one only, but both of these causes of growing degeneration must be ascribed to parental neglect, indifference, dulness, or so-called modesty. Of all false conceptions, the false conception of modesty is the most deplorable. Parents who for any reason have neglected the supremely important, and indeed sacred duty of training their children to understand the primary facts of life, and essentially of sex life, are simply preparing the way for the corruption and degeneration of youth. The things which are forbidden or tabooed, without any lucid or convincing explanation, are invariably attractive in a morbid and almost irresistible way. No boy, and few girls, of spirit and strong personality, will be satisfied with

vague and flimsy reasons for the prohibition of impulses and pleasures which they soon learn are occupying the better part of the attention of most people. Rebuffed by their "modest" parents, they will find out from other and secret or insidious sources. If they get into trouble, their parents are to blame.

It is deplorable that owing to the perverse stupidity of many parents, the youth of both sexes are usually denied sex education from their most natural teachers, so that their first and most lasting impressions of sex relations, derived from ignorant or vicious sources, are almost hopelessly distorted and perverted. Instead of the true conception of sex as the most profound, important and beautiful fact in human life, there is substituted a conception involving secrecy, shame and "nastiness." I wish to emphasize, as emphatically as I can, the entire responsibility of the parents. A true and noble view of sex relations broadens and ennobles all life. A perverted and abnormal view degrades or obscures the higher self and shuts the door against all that is most beautiful and inspiring.

The foundation of sex education must be placed in utter confidence between parent and child. Very gradually, the child must be guided to see that there is nothing secret or shameworthy in the functions of the body. True modesty must be sacredly safeguarded, but false modesty must not be allowed to develop. It is not natural; it is merely a perversion due to distorted and unhealthy conventions. When the child has accepted unquestioningly, as it will accept, the true, clear-eyed view of its own body and the facts of human life, more definite and detailed instruction can be given. The meaning of puberty should be explained in due time, and then, carefully and wisely, the temptations and inevitable penalties of promiscuous sexual intercourse must be unfolded. Every year, the venereal diseases, syphilis and gonorrhœa, ruin tens of thousands of lives, and sterilize and deteriorate the race. No boy or girl should pass through the years of youth without being made familiar with these fundamental facts, as naturally and obviously as they are made familiar with the thousand and one facts of general knowledge and daily custom. But far too often

we find a boy who is considered fit to grapple with the Binomial Theorem and the laws of chemical combination, or a girl who is studying the psychology of apperception or wrestling with the intricacies of the Aristotelian Sorites, utterly and wickedly ignorant of the elementary processes of life — except for vicious and corrosive suggestions from the crude and unbalanced prompters of evil. These are always only too eager to convey in their own way the information withheld by the parent or guardian. Definite instruction in sex matters must be no longer a matter of individual choice or neglect. It is an absolute and fundamental duty, on the faithful observance of which depends almost the whole future of the child.

Children who have been wisely brought up in the understanding of the teachings of Eugenics, and in the fulfilment of those teachings in their daily life, will reach maturity with strong and definite convictions as to the importance of keeping up the standard of the race, or, rather, of ensuring its continued progress and betterment. They will realize their own responsibility to posterity. They will learn to distinguish be-

tween true and false love, between temporary attraction and permanent affection. Those who are under the influence of passion do not usually reflect as to the future consequences, to themselves or to others; but those who have been taught that their future life-comrade should be not only lovable in himself or herself, but entirely fit to be the parent of healthy children, will at least be more likely to choose well and happily, and less likely to be carried away by impulse and passion, than those who do not understand the supreme significance of Eugenics.

It has been shown that mental defects may "skip" one generation, under certain conditions, but reappear in the next. Hence it is unwise to marry a member of a family in which there is any record of insanity, feeble-mindedness, epilepsy, criminality, or marked eccentricity. Marriages of people of good stock with those associated with such defects are strongly liable to yield at least one or more defective children. No temporary impulse should be allowed to overmaster the sense of duty and prepare the way for future intolerable remorse.

With regard to alcohol, there can be no temporizing, from the eugenic point of view. While many men who indulge too freely during youth do straighten up more or less completely in after life, the majority do not. Alcoholic indulgence is playing with fire for even the best kind of youth. Even in moderate quantities, alcohol invariably lowers the coefficient of efficiency, retards the mental processes, dulls the keenness of vision and hearing, diminishes the sensitiveness of touch and smell; in a word, it interferes with all physical and mental action, and is thus distinctly a poisonous and habit-producing drug.

It is important to remember that normal individuals do not naturally and of choice indulge to any large extent in alcohol — unless they have unfortunately been thrown frequently into the company of undesirable self-styled "sports"; and even the acquiescence in this kind of companionship indicates some degree of mental inferiority. Hence young men who are frequently seen under the influence of alcohol, or with the odor of it upon their persons, may, as a general rule, be classed as belonging to in-

ferior types, either through heredity or environment. A young girl is therefore taking a long and dangerous chance when she marries an habitual drinker. Such a man is deteriorating, slowly, perhaps, but surely, in all ways — morally, mentally and physically. This deterioration by means of alcoholism is transmissible to offspring, and the children of a drunkard are apt to inherit all of their father's bad tendencies and weaknesses, with little, perhaps, of his original strength, which has been altogether vitiated by the poison. Nearly every girl who falls in love with a " drinker " tries to make an exception in her own case, and has confidence in her ability to reform the man she admires for his other qualities. Some millions of women, altogether, have married with this idea, looking forward confidently to the future; but a baby could count the number who have not paid the penalty that they invited — a wrecked life and a dreary home.

It is advisable here to refer to marriages between cousins. Eugenics has thrown a new light on this subject. When two defectives marry, all their defects are empha-

sized in their children. When sound persons of good stock marry, their good qualities are emphasized as they are transmitted to their children. Here is the explanation of the common opinion that the children of parents who are cousins are apt to be defective. When cousins marry, their children are prone to inherit and combine, in a marked degree, the family traits, good or bad. Hence, when cousins of a defective or neurotic family marry, they will probably produce children in whom the worst tendencies of the family will reappear, emphasized. When normal cousins of good stock marry, they will have good, or even superior, children.

It is quite clear from this that cousins should not marry unless they are themselves normal, with altogether sound heredity.

Strong corroboration on a large scale of the principle that inbreeding tends to deterioration by emphasis of defectiveness is shown in the Jewish race. The latest New York statistics reveal that the Jews furnish by far the largest racial percentage of the forms of insanity and mental deficiency which have their basis in constitutional in-

feriority. This must be ascribed to in breeding, especially as the Jews present almost no cases of mental disease or defects depending upon syphilis and alcoholism.

The golden rule of medicine is, Prevention is better than cure. The best way of curing disease is to prevent it. The best and most certain way to improve the race is to see that we have no defective children. Defectives and criminals should not be allowed to marry, unless previously sterilized by a surgical operation. As a matter of fact, the laws of several of our States now provide for the sterilization of habitual criminals, for the protection and purification of the race.

Instruct your children in the principles of Eugenics. Give them the knowledge that will help to make them wiser and stronger and better men and women; that will guide them to a sure happiness in marriage and bless their homes with the noblest kind of children.

XII

MEDICAL INSPECTION OF SCHOOL CHILDREN

THE importance of medical inspection of school children was not realized some years ago. Among the educators of our country very little thought was given to what is now one of the essential features of school requirements. To-day America stands pre-eminently supreme in this respect. I think it important to refer to the subject, briefly, in a book like this, since every individual home, of whatever class, is vitally interested in the general health of the nation's children.

It is instructive to note what is going on in other countries in certain lines of this work, and what progress is being made. In Prussia the Government insists upon regular medical inspection. Every pupil is examined physically; heights, weights, and all abnormalities are recorded. The doctor

makes a monthly visit, and at the beginning of each school year the complete examination is repeated. This, of course, is admirable and has been of enormous value to the health of the Prussian nation.

In England, as late as 1905, there was no thorough examination embodying reliable scientific data with regard to the pupils in the elementary public schools. It is true there was a medical inspection, but it was a cursory examination rather than a complete, systematized inquiry carrying on scientific work under the guidance of paid medical men. There has been a welcome change, however, and in England to-day a very complete system has been adopted, showing that our British cousins have made distinct progress in a few years. For instance, Dr. Kerr, Medical Officer to the London School Board, tested the eyes of more than a thousand children three times over. The results of this work have been of inestimable value. Again, the British Dental Association has also made investigations regarding the teeth of school children. The exact knowledge these dental practitioners possess regarding the condition of the teeth at different ages

is very interesting. It has been demonstrated that decay of the teeth begins at about the age of four years, and that unless the teeth are well cared for even at an early period of childhood, eight or ten permanent teeth are either ruined or lost not many years after they are acquired. It is obvious that children in public schools should have medical and dental supervision, and instruction should be given to parents regarding their children's teeth.[1]

The inspections carried on in our own country are somewhat different. They are more beneficial to the health of the children inasmuch as we make more completely organized examinations and have a more rigid system, to which we adhere.

Through this inspection work of the physicians of the Board of New York City, the

[1] "School time is the period at which the people's health can be most easily and effectively dealt with by public authority. There is then an opportunity of ascertaining and watching the condition of children from day to day, and bringing influences to bear to improve their health, which would be impossible at any other time of life." — Medical Inspection of School Children. Sir John E. Gorst in "The Children of the Nation."

health of the New York school child has been placed upon a solid physical basis. There is no longer need to question what is wrong with a deficient child, for this routine medical inspection, practised by the most competent men, has so systematized the work that complete information is available for both teachers and parents. Inspectors visit the schools and diagnose every ailment which is detrimental to a child's welfare, physical and mental. Diseases and defects are noted and the parents promptly advised. Sound advice and instruction are given gratis.

The subject is so important that I shall give here a brief summary of the régime carried out by the New York Board of Health. Adequate medical inspection of school children is essential to the well-being of the child and the community; and all parents should realize the nature of the work that is being done.

Here is the working plan of the system of medical inspection and examination of school children in the City of New York, taken from the pamphlet issued by the Board of Health of the city.

History.

March, 1897: Appointment of one hundred and fifty Medical Inspectors at a salary of $30.00 per month. Morning inspection only required.

September, 1902: System elaborated to include morning inspection, routine weekly inspection of children in the class-rooms and visiting of absentees at their homes. Salary of Inspectors increased to $100.00 per month.

December 1st, 1902: Appointment of a Corps of Trained Nurses, at a salary of $75.00 per month.

December 16th, 1902: Establishment of a Hospital and Dispensary, for the exclusive treatment of Trachoma.

March, 1905: Inception of a complete physical examination of each school child.

Objects.

1. Repeated and systematic inspection and examination of school children to determine the presence of infectious or contagious disease.
2. Exclusion from school attendance of

all children with acute contagious disease.

3. Subsequent control of the case, with isolation of the patient and disinfection of the living apartments after the termination of the illness.
4. Control and treatment of minor contagious affections, permitting the child to remain in attendance at school.
5. Information of unreported cases of contagious disease occurring in school children at their homes.
6. Exclusion from school attendance of those children in whose families there exists a contagious disease.
7. Complete physical examination of each school child, for the purpose of determining the existence of non-contagious affections, and advising treatment of the same.

SCHOOLS VISITED.

Public Schools, Parochial Schools, American Female Guardian Society Schools, Children's Aid Society Schools and Kindergartens.

FORCE.

1. Assistant Chief Medical Inspector, in charge of the work.
2. Corps of Medical Inspectors, all of whom are physicians.
3. Supervising Nurse, in direct charge of the nurses.
4. Corps of Trained Nurses.

WORKING PLAN OF THE SYSTEM.

Duties of Medical Inspectors.

Each Inspector is assigned to duty in a group of schools.

Morning Inspection.

The Inspector visits each school in his charge before ten o'clock each morning, and examines, in a room set apart for the purpose, the following:

(a) All children isolated by the teachers as suspected cases of contagious diseases.

(b) All children who have been absent from school.

(c) Children returning after previous exclusion.

(d) Children previously ordered under treatment.

(e) Children referred by the school nurse for diagnosis.

(f) All affected children showing no evidence of treatment.

Cases to be Excluded.

Children showing signs or symptoms of small-pox, diphtheria, scarlet fever, measles, chicken-pox, whooping cough or mumps.

Cultures to be taken in all cases of sore throat to determine the presence of diphtheria bacillus.

Cases of small-pox, scarlet fever and measles to be reported, by telephone, to the Central Office, so that a diagnostician may at once visit the case, confirm the diagnosis and order isolation. In these cases a postal card must be sent from the Division of Contagious Diseases to the Principal of the school informing him, or her, of the presence of contagious disease, with instructions that no member of the family be allowed to

attend school until the termination of the case.

The working plan is admirable, as has been proved by the remarkable results obtained by the health authorities. The card index system in use is very valuable. Complete reports are sent in daily, on a printed form, by the Medical Inspectors and the Nurses, while there are special forms for special cases. In addition, the Department of Health issues notifications to parents and from time to time distributes valuable printed directions with regard to such matters as the care of the mouth and teeth, of the hair, etc.

I have given these details because parents do not yet realize what the city government is doing for their children. To-day a child can go to the public schools and get an excellent elementary education absolutely free. Its books and working material are free, and its health is taken care of without payment, though a complete and expensive organization is required for the purpose. Strangely, some unthinking people resent this medical supervision as an intrusion

upon their rights. If they understood fully the supreme value to their children, and consequently to themselves, of the work that is so conscientiously carried out for their benefit, they would assist in every possible way to maintain the effectiveness of this most vital part of public and public-spirited work.

XIII

COMMON SENSE

IN the preceding chapters I have called attention to the simpler facts of health and ill-health with which every mother should be fully acquainted. I have little more to add in this book, which deals only with conditions that affect, or are liable to affect, every home and every parent; but not with too technical matters, or with the science of medicine in those more difficult developments which must be left entirely to the trained physician.

But I may add one final plea for Common Sense — "God's Own Common Sense," as Kipling calls it. Far too many of us travel through life burdened with prejudices and superstitions that we are unwilling to discard, even though we half-recognize their futility. We accept the fret and fever of modern life; the new cults, perhaps, and

the new fads; but we do not always accept the Philosophy of Common Sense which is the essential contribution of modern thought to modern life.

All through this book, I have tried to keep in the forefront the idea of normality. There is no condition in life that can be bettered by the loss of self-control, no problem that can be solved by forgetting the simple rules of reason, no perplexity that can be overcome by yielding to despondency or hysterical excitement. As poise is half at least of the secret of success in business relations and of happiness in personal relations, so is normality far more than half the secret of poise. In the big emergencies that come to most of us, and in the little emergencies that come to all of us, there is incessant need for poise, for normality, for common sense; and in this trinity in unity may be found the mainstay of effective action and effective living.

Progress is essential, and it is entirely right that the trained mind should consider and test new ideas, looking always for the something worth while that will move things forward and increase the sum of human

efficiency and happiness. But one should be careful, jealously careful, to avoid fads and ephemeral mental playthings. In science and in religion, and in attempted combinations of both, there are exploited almost every day unbalanced theories, crude creeds, dangerous and destructive dogmas. Sometimes these are put forward with sincerity; often there is a grain of truth in them — sufficient to deceive the credulous and persuade them to accept also the mass of positive falsity or doubtful suggestion. But the majority are due to the fertile imaginations of conscious self-seekers, eager to commercialize for their own profit the natural desire of men and women for further knowledge, or the unnatural desire for hectic excitement and corybantic creeds. If you wish to lead a normal, healthy and useful life, avoid the " quacks " of every kind and degree; accept nothing that cannot justify itself on rational grounds, and add in support the proof of repeated and clear experience.

I shall not enter here into the merits or demerits of the different cults that have come swiftly or gradually into notoriety —

Christian Science, Osteopathy, Allopathy, Eclecticism, and so forth. A physician might be suspected of at least a little bias in favor of his own order. But, nevertheless, the experience of a physician who cares only for the truth, wherever he may find it, should carry sufficient authoritativeness for normal people; and my experience shows me unmistakably that what cannot be given by modern medicine for the relief or cure of disease and injury, can certainly not be obtained from any other source. The science of healing has made very wonderful advances during recent years; it has been built up by the researches of a large number of men whose names will be forever remembered, and by the self-sacrifice and devotion of a still larger number whose names are unrecorded except in the memories of their friends, but whose work will endure and add to the happiness and well-being of the race so long as the race endures.

I feel that this little digression is due to those who are fighting throughout the world the battle of normality against abnormality, of health against disease. On the battlefield

and in the slums, in the malarial tropics and the frigid north, in the Panama Canal Zone, in the cholera-stricken and famine-haunted districts of India, you will find them quietly doing their daily work, as you will find them in the bacteriological laboratories of great cities, examining infected tissue, cancerous growths or tubercular sputum. And when you avail yourself of their services, and pay for those services, will you remember that this is not altogether and simply a commercial transaction, but that on both sides, beyond the personal consideration of the moment, there is the obligation that rests upon all human beings to maintain the purity and health of the race, at whatever personal cost? Your child is not only your own child, for whom you would sacrifice your life. He is the child of the nation. And the physician whom you call in is not merely your own private family physician. He is the servant of the nation also; and the skill and knowledge that he derives from those who have led the van of medical progress must be used in the service of humanity as a whole, as well as of the individual as a unit.

And so, though you will meet with incompetent physicians, who are not up-to-date, — as you will meet with incompetent or careless lawyers, — when you have chosen your own family physician with care and discretion, avail yourself of his services when you need them, remembering that he inherits the legacies bequeathed to medical science by tens of thousands of patient investigators. Co-operate with him, and do your share of the work in hand by being normal yourself, and ensuring normality and order in your household.

The old legend tells us that in the time of peace we should prepare for war. But so far as medicine is concerned, we can go a step further. In the time of health and freedom from anxiety, try to carry on your preparations and regulate your life so that there shall be no war — no disease. The daily observance of hygienic principles, the wise and comprehending training of your children in the truths of Eugenics, and the resolve always to be guided by common sense, to build up and preserve poise, to be normal, avoiding the morbid, the hectic, the irrational, the excitable — if you will do

this, you will find generally that there is little left to do.

Be normal. That is the alpha and omega of personal conduct. I began my little book with that advice, and with that advice I close it.

APPENDIX

A

A Few Don'ts

1. Never allow a child in the nursery or in a kitchen within the reach of hot water — kettles — teapots — scalding clothing — boiling fruits, etc.
2. Never allow a child to climb upon a table containing an oil lamp.
3. Never have a fire in the nursery unless it is well screened. Remember to keep children away from all fires, unless guarded.
4. Never allow a child to play with matches.
5. Never allow a child to put things into its mouth.
6. Never allow a child to continue to suck its thumb.
7. Never use a "pacifier" — the practice is bad.

8. Never take suggestions from neighbors regarding the feeding or treatment of your child. Consult an able physician.
9. Never forget that in acute illness a dose of castor oil given early is the most useful remedy.
10. But never allow castor oil or any cathartic to be given to a child which has swallowed a foreign body, such as a pin, beads or a marble. Do not allow liquids of any kind to be administered. Slight constipation in such a case is more desired than loose bowels. Let the child chew and swallow dry stale bread, and send immediately for a physician.
11. Never allow a nurse to give a rectal injection or medication of any kind without the knowledge of a parent.
12. Never allow a bottle of medicine in a nursery within the reach of children; and never allow any medicine to stand unless correctly labelled.
13. Never allow Poisons to be put with other medicines. Lysol, Bichloride of Mercury, Paregoric, and drugs of

that description, should be kept locked up alone.

14. Never keep a patent medicine in the house.
15. Never encourage your children to kiss others than their parents.
16. Never neglect to call a physician when a child is really sick and beyond your management.
17. Never allow a physician to prescribe and give instructions to the nurse or parent and leave the house, without your being certain that the directions are thoroughly understood. If there is any question as to what was said and any doubt in your mind regarding the instructions, ask to have them repeated. Every real physician is only too anxious to be thoroughly understood and to have his instructions carried out to the letter.
18. Never employ a physician or a nurse who is an habitual drinker. They are dangerously unreliable.
19. Never allow the nurse to neglect your child in any way. Be sure to call her attention to any seeming neglect.

A woman who cannot manage a nurse quietly but effectively is generally a poor mother.

20. Never allow cruelty to be practised upon your children. A nurse who is not refined and patient with children should be instantly dismissed.
21. Never permit your children to eat candy, cookies and such things without your knowledge and permission.
22. Never fall into the habit of bribing your children to do what they should do.
23. Never leave the entire care of your children to a nurse, no matter how devoted she may be. A mother's supervision of feeding, training and education is an absolute necessity in the nursery.
24. Never forget that little things in childhood mean big things in later years.
25. Never scold your child for breaking something if you would not have reproved him for touching it. The breaking is an accident.
26. Never scold at all, for anything. Point out what is wrong, quietly. If there

must be punishment, let the child see that this punishment comes without anger, as an inevitable result of his action — but never as a result of mood on the part of his parent.

27. Never draw attention to details without leaving in the child's mind a sense of the general principle involved.

28. Never over-dress a boy, or let him have long hair, or try to use him as an ornamental pet. Let him start out with a proper chance to be a man.

29. Never forget that you cannot expect a child to be thoughtful, considerate and happy, if you yourself are thoughtless, careless, fretful, irritable or melancholy. It is not enough to teach theories. You must illustrate them by consistent practice.

30. Never forget to use common sense instead of nonsense. Preserve poise in all the relations of life. Be normal.

B

"First Aid" Requisites for the House

IT must be remembered that family treatment can only be carried out when the necessities of the nursery are at hand. Below is given a fairly complete medical outfit, with which every family in which there are children, and especially those in the country, should be provided. If a physician is called in haste and he finds the medicine cupboard scientifically stocked, it may be of inestimable value to him, for no doctor can at all times carry with him every article that may possibly be required for each individual case. Many a medical and surgical cure has been made possible by articles from the family medicine chest.

1. Two clinical thermometers — one to be kept for the mouth, the other for rectal use.

2. Two-quart douche and hot water bag, with the necessary appliances, for adult and child.
3. A graduated "medicine glass" and a "dropper."
4. One dozen assorted bandages.
5. Two half-pound boxes of absorbent cotton.
6. Five yards of plain sterile gauze (Johnson & Johnson).
7. A packet of plain lint (Johnson & Johnson).
8. A small box of "oiled silk," (Johnson & Johnson).
9. One yard of rubber tubing.
10. A box of mustard plasters.

Keep in well-labelled bottles 2 to 4 ounces of the following:

Lysol
Castor Oil
Alcohol
Listerine
Glycerine
Turpentine
Whiskey
Spirits of Ammonia

Linseed Oil
Hunyadi Janos water

In boxes should be kept:

Boracic Acid
Bicarbonate of Soda
Epsom Salts and Rochelle Salts
Powdered Alum
Talcum Toilet Powder
Two three-inch plaster bandages (J. & J.)

The following medicines are useful to have in the house and should be carefully labelled:

Compound cathartic pills
Quinine pills — 5 grains
Dover's Powders — 2 to 5 grains
Syrup of Ipecac
Phenacetin — 1 to 5 grains
Asperin — 5 grains
" Sun " Cholera Mixture
Paregoric
Compound Tincture Benzoin

Sterile Vaseline and " Ky " should be kept in tubes.

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